

## Medical claim form

Your personal data			
Last name	First name		
Date of birth (DD/MM/YY)	Return to home country (DD/MM/YY)		
Address in home country			
Address in foreign country			
Street	c/o		
City ZIP code	Street		
State	City ZIP code		
Country	State		
Phone number	Country		
E-mail address	Phone number		
Your medical treatment			
Type of illness or accident			
Has this illness/accident occurred or been treated prior to start of insurance? no <input type="checkbox"/> yes <input type="checkbox"/> If yes, when?			
In case of an accident: own responsibility <input type="checkbox"/> caused by a third party <input type="checkbox"/>			
Is there insurance coverage through another health insurance (e.g. credit card)? If yes, which insurance:			
Number of attached documents:			
Reimbursement (the insured shall pay bank fees)			
Have you already paid the doctor's bill? yes <input type="checkbox"/> no <input type="checkbox"/>			
<b>If no</b> , payment will be made directly to the doctor/hospital			
Name of attending doctor/hospital			
Address of attending doctor/hospital			
<b>If yes</b> , you will receive reimbursement by wire transfer to the account indicated below. Claim submission for destinations in North or South America may also be reimbursed by check, please indicate <input type="checkbox"/>			
Name of account holder			
Name of bank			
Address & country of bank			
SWIFT/BIC (please indicate in any case)			
IBAN (please indicate in any case)			
Claim documents			
<p><b>Within 60 days after incurring the first medical bill, please send completed claim form together with invoices by e-mail to the applicable claims office (based upon your country of destination).</b></p> <p>INCOMPLETE OR WRONG INFORMATION WILL CAUSE A PAYMENT DELAY.</p> <p>Further information: <a href="http://www.caremed-assistance.com">www.caremed-assistance.com</a></p>	<table border="0"> <tr> <td> <p><b>Cases occurring in: North &amp; South America</b></p> <p>CareMed Claims CISI Claims Department 1 High Ridge Park Stamford, CT 06905 USA</p> <p>+1-203-399 5130 <a href="mailto:claimhelp@culturalinsurance.com">claimhelp@culturalinsurance.com</a></p> </td> <td> <p><b>Any other country except North &amp; South America</b></p> <p>CareMed Claims Chubb European Group SE Direktion für Deutschland Lurgiallee 12 60439 Frankfurt, Germany</p> <p>+49 (0)69-756 13 6722 <a href="mailto:claims.service@chubb.com">claims.service@chubb.com</a></p> </td> </tr> </table>	<p><b>Cases occurring in: North &amp; South America</b></p> <p>CareMed Claims CISI Claims Department 1 High Ridge Park Stamford, CT 06905 USA</p> <p>+1-203-399 5130 <a href="mailto:claimhelp@culturalinsurance.com">claimhelp@culturalinsurance.com</a></p>	<p><b>Any other country except North &amp; South America</b></p> <p>CareMed Claims Chubb European Group SE Direktion für Deutschland Lurgiallee 12 60439 Frankfurt, Germany</p> <p>+49 (0)69-756 13 6722 <a href="mailto:claims.service@chubb.com">claims.service@chubb.com</a></p>
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I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original.			
Date	Signature of insured		

# Declarations of Release from Professional Secrecy

Certificate/policy no.

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Claim no. (if available)

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Name of the insured person

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Date of event

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## Consent to the collection and use of health data and declaration of release from the duty of non-disclosure

We, Chubb European Group SE (“Chubb”), use personal information which you supply to us for underwriting, policy administration, claims management and other insurance purposes, as further described in our Master Privacy Policy, available here: <https://www2.chubb.com/de-en/privacy-policy.aspx>. You can ask us for a copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.europe@chubb.com](mailto:dataprotectionoffice.europe@chubb.com).

To permit us to collect and use your health data for the purposes of this application and for the policy, we therefore require your consent(s) under the data protection laws.

**We furthermore require your releases from the duty of non-disclosure to permit us to collect your health data from offices which are under an obligation of non-disclosure, such as e.g. physicians.**

**As an accident insurer, moreover, we require your release from the duty of non-disclosure to permit us to pass on your health data, or other data protected in accordance with Section 203 of the German Criminal Code such as e.g. the fact that you have purchased a policy from us, to other offices, e.g. an emergency assistance or IT services provider.**

The following statements of consent and declarations of release from the duty of non-disclosure are, in insurance, essential to the checking of applications and to the formation, execution or termination of your insurance contract. Without such statements and declarations, claims settlement would as a rule not be possible.

The statements and declarations concern the handling of your health data and other data protected in accordance with Section 203 of the German Criminal Code

- by Chubb European Group SE, Direktion für Deutschland itself (under 1.),
- in connection with the retrieval of information from third parties (under 2.),
- whenever such data is disclosed to offices outside Chubb (under 3.).

The statements and declarations are valid also for persons legally represented by you such as your children, insofar as they are unaware of the implications of such consent and are therefore unable to make their own statements and declarations.

### 1. Collection, storage and use of health data provided by you by the Chubb European Group SE, Direktion für Deutschland

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We carefully assess your claim, and also take steps, in common with standard industry practice, to monitor for fraudulent claims. For these reasons, we may need to use information about your health which is relevant to your claim, and, where relevant, the health of other persons relevant to the claim which you provide to us. You must ensure that any other persons whose information you provide to us understand and do not object to this use of their data, and consent to us using their information for the purposes described here. We will not use this health information for any other purpose, and will comply

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at all times with the terms (including security standards) referred in our Privacy Policy. You do not have to provide us with the following consent, and you may withdraw it at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim.

Please tick the box to indicate your consent to our use of your health information in this way.

## 2. Retrieval of health data from third parties

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### 2.1 Retrieval of health data from third parties for **risk assessment purposes and for verification of the obligation to provide benefit**

In order to assess the risks to be insured, it may be necessary to retrieve information from offices that hold your health data. Furthermore, in order to verify the obligation to provide benefit, it may be necessary for Chubb to check the information you provide on your state of health with a view to substantiating any claims or the information obtained from documents submitted (e.g. bills, prescriptions, medical reports) or disclosed e.g. by a physician or other member of a medical profession.

Such a check will be made only where necessary. For this, Chubb requires your consent, together with a release from the duty of non-disclosure for itself and for these offices, in case health data or other information protected in accordance with Section 203 of the German Criminal Code has to be disclosed in the context of the retrieval of such information.

You can make these statements and declarations in advance, in this document (I), or at a later date on a case-by-case basis (II). You may revise your decision at any time.

**Kindly decide on one of the following two options: (Please be aware that if you don't decide on one of the following options it may lead to delays to the process)**

#### Option I

I hereby consent to the Chubb European Group SE collecting my health data – provided this is required for risk assessment purposes or for checking a claim – from physicians, carers and people working in hospitals, other medical establishments and nursing homes, from personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities, and to its using such data for these purposes.

I hereby release the aforementioned persons and employees of the aforementioned organisations from their duty of non-disclosure whenever my health data, stored in a permissible manner and obtained as the result of examinations, consultations and treatment, together with insurance applications and policies, throughout a period of up to ten years prior to my application for insurance, are communicated to Chubb.

I am moreover agreeable to Chubb disclosing my health data, where necessary, in such connection to these offices and to this extent, also hereby release persons working for Chubb from their duty of non-disclosure.

Prior to the collection of any data in accordance with the above paragraphs, I shall be informed by whom the data are to be collected and for what purpose, and I shall be advised that I may object to this and provide the required documentation myself.

#### Option II

I wish Chubb European Group SE to inform me in each individual case by which persons or organisations information is required, and for what purpose. I shall then decide in each case whether I

- consent to the collection and use of my health data by Chubb, release the aforementioned persons or organisations, together with their employees, from their duty of non-disclosure and consent to my health data being communicated to Chubb
- or provide the required documentation myself.

### 2.2 Declarations and statements in case of your death

It may also be necessary for the purposes of verifying the obligation to provide benefit to check health data following your death. It may equally be necessary to check this whenever there are, as far as Chubb is concerned, definite indications of the fact that incorrect or incomplete information was given at the time of the application, which would have had an influence on the risk assessment, and this up to ten years after conclusion of the contract. Consent and a release from the duty of non-disclosure are required for this too.

Please mark the box with the cross:

For the event of my death, I hereby consent to the collection of my health data from third parties for the purposes of checking a claim and/or for any rechecking of the application which might be necessary, as described in the first box to be crossed (cf. 2.1. above - Option I).

### 3. Disclosure of your health data and other data protected in accordance with Section 203 of the German Criminal Code to offices outside the Chubb European Group SE, Direktion für Deutschland

The Chubb European Group SE, Direktion für Deutschland, places the following offices under a contractual obligation to comply with data protection and data security regulations.

#### 3.1 Disclosure of data for medical examination purposes

In order to assess the risks to be insured and verify the obligation to provide benefit, it may be necessary to call upon the services of medical consultants. The Chubb European Group SE requires your consent and release from the duty of non-disclosure whenever your health data and other data protected in accordance with Section 203 of the German Criminal Code are communicated in this connection. You will be informed in each case of the communication of such data.

I hereby consent to the Chubb European Group SE, communicating my health data to medical consultants, provided this is required in a risk assessment context or for the verification of the obligation to provide benefit and that my health data are used appropriately by them and the results communicated back to the Chubb European Group SE. As far as concerns my health data and other data protected in accordance with Section 203 of the German Criminal Code, I hereby release the persons working for the Chubb European Group SE and the consultants from their duty of non-disclosure.

#### 3.2 Assignment of tasks to other offices (companies or persons)

Certain tasks, such as for example claims handling or customer services call centres, where the collection, processing or use of your health data may be required, are performed not by the Chubb European Group SE, Direktion für Deutschland, itself but responsibility for dealing with such matters is assigned to another company in the Chubb Group or to another office. If your data which are protected in accordance with Section 203 of the German Criminal Code are disclosed, the Chubb European Group SE, Direktion für Deutschland, requires your release from the duty of non-disclosure for itself and, where necessary, for the other offices.

The Chubb European Group SE, Direktion für Deutschland keeps a continually updated list of the offices and types of offices which, as agreed upon, collect, process or use health data on behalf of the Chubb European Group SE, with an indication of the tasks assigned. The currently valid list is attached as an appendix to the statement of consent.

An up-to-date list can also be found on the website (at <http://www.chubb.com/de-de/assets/datenschutz.pdf>) or be requested from the data protection officer, Lurgiallee 12, 60439 Frankfurt, 069 75613 0, [Datenschutzbeauftragter@chubb.com](mailto:Datenschutzbeauftragter@chubb.com).

For the disclosure of your health data to and for its use by the offices named in the list, the Chubb European Group SE, needs your consent.

I hereby consent to the Chubb European Group SE communicating my health data to the offices named in the above-mentioned list and to the health data being collected, processed and used by them for the aforesaid purposes to the same extent as the Chubb European Group SE is permitted to do so. To the extent that this is necessary, I hereby release the employees of the Chubb group of companies and of other offices from their duty of non-disclosure as far as concerns the disclosure of health data and other data protected in accordance with Section 203 of the German Criminal Code.

#### 3.3 Disclosure of data to reinsurers

To guarantee that your claims are met, the Chubb European Group SE may involve reinsurers, who accept all or part of the risk. To do so, the reinsurers do in some cases call upon other reinsurers, whom they also provide with your data. To permit the reinsurer to form its own idea of the risk or of the insured event, it may happen that Chubb submits your insurance application or claim for benefit to the reinsurer. This is notably the case when the sum insured is particularly high or where it concerns a risk which it is difficult to classify.

It may moreover happen that because of its expert knowledge, the reinsurer assists Chubb with risk assessment or with checking claims, and in the evaluation of procedures.

Where reinsurers have assumed responsibility for covering the risk, they may check whether Chubb has correctly evaluated the risk and/or any claim.

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The required amount of data concerning your existing policies and applications is moreover disclosed to reinsurers to permit the latter to check whether and to what extent they are able to participate in the risk. Data concerning your existing policies may be disclosed to reinsurers for the purposes of processing premium and claims payments.

The data used for the above-mentioned purposes is as far as possible anonymised and/or pseudo-anonymised, however personal health data may also be used.

Your individual personal data will be used by the reinsurers for the above-mentioned purposes only. Chubb will inform you of the communication of your health data to reinsurers.

I hereby consent to my health data being communicated - where required - to reinsurers and used by them for the aforementioned purposes. To the extent that this is necessary, I hereby release persons working for the Chubb European Group SE from their duty of non-disclosure as far as concerns health data and other data protected in accordance with Section 203 of the German Criminal Code.

Please sign here:

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Place, date

Signature of the accident victim (provided he/she has the required capacity to understand, at the earliest on attaining the age of 16) or Signature of the legal representative

Please insert your first and surname in block letters:

You do not have to provide us with the consents above, and you may withdraw them at any time, but if you do not provide it, or choose to later withdraw it, that may affect our ability to process your claim.

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Appendix to the data protection statement of consent / List of service providers

**List of offices and types of offices which, as agreed upon, collect, process or use health data or data protected in accordance with Section 203 of the German Criminal Code on behalf of the Chubb European Group SE**

Name / Category	Delegated Services
AXA Assistance Deutschland GmbH, München	Service centre, claims handling and provision of emergency assistance services
CISI Cultural Insurance Services Internat. Inc.	Service-Center
Europ Assistance Service GmbH, München	Provision of emergency assistance services
Telcon GmbH, Saarbrücken	Service centre and claims handling
Category	
Bank	Collection of insurance contribution and claims payment
Printers and print packaging	Printing and compilation and sending of insurance documentation
Waste disposal contractors, storage	Disposal of data media and paper documents in accordance with the data protection provisions
IT providers	Building and maintenance of IT systems, development of applications, website management
Reinsurers	Reinsurance of certain risks or sums insured
Service-Center	Customer-Service and receivable management

Your health data and other data protected in accordance with Section 203 of the German Criminal Code are stored in the IT systems of the Chubb Group. Data protected in accordance with Section 203 of the German Criminal Code are a "third party secret, namely a secret belonging to a person's personal life or an industrial or commercial secret". In the case of insurance, this notably concerns the fact that there is an insurance contract in existence.

Access to your health data is granted only to a restricted group of people within the Chubb European Group SE, Direktion für Deutschland. Your other data (e.g. inception of the insurance, your address) may also be viewed by other Chubb employees, e.g. for policy administration purposes.

Chubb European Group SE is subject to the authorisation and supervision of "Autorité de contrôle prudentiel et de résolution (ACPR) 4", Place de Budapest, CS 92459, 75436 PARIS CEDEX 09 and the German branch is also subject to the regulations of the Federal Financial Supervisory Authority (BaFin) for carrying out business activities, which may differ from the French regulations.

This list does not include your insurance broker or a designated representative. If you have any questions regarding the disclosure of information, please refer to the data documented by your insurance broker.

Health data, in cases of benefit claims, is collected by us (with your prior consent). We only disclose this to your insurance broker once you have explicitly agreed to it (on the benefit claim).