

<b>Policy number</b>	<input type="text"/> <small>old</small>		<input type="text"/> <small>new</small>																																																								
<b>Policyholder (PH) is insured person?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Self-employed</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IP 1</b>	<input type="text"/> <small>Surname, first name, title</small>		<input type="text"/> <small>exact title of occupation/subsidiary occupation</small>																																																								
	<input type="text"/> <small>Street, square, house number, staircase, top, tel. no.</small>		<input type="text"/> <small>E-Mail</small>																																																								
	<input type="text"/> <small>Postal code</small>	<input type="text"/> <small>Place of residence</small>	<input type="text"/> <small>telephon number</small>																																																								
	<input type="text"/> <small>Collection address (postal code, address) only if different</small>		<input type="text"/> <small>Social security</small>	<input type="text"/> <small>Social security no.</small>																																																							
	<input type="text"/> <small>Marital status</small>	<input type="text"/> <small>date of birth YYYY/MM/DD</small>	<input type="checkbox"/> female <input type="checkbox"/> male	<input type="text"/> <small>Number of children living in the same household number</small>																																																							
<b>insured persons</b>	<input type="text"/> <small>Surname, first name, title</small>		<input type="text"/> <small>former surname</small>																																																								
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Self-employed</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IP 2</b>	<input type="text"/> <small>Marital status</small>	<input type="text"/> <small>date of birth YYYY/MM/DD</small>	<input type="checkbox"/> female <input type="checkbox"/> male	<input type="text"/> <small>exact title of occupation/subsidiary occupation</small>																																																							
	<input type="text"/> <small>Address (postal code, address, tel. no.) only if different</small>		<input type="text"/> <small>Social security</small>	<input type="text"/> <small>Social security no.</small>																																																							
<b>IP 3</b>	<input type="text"/> <small>Surname, first name, title</small>		<input type="text"/> <small>exact title of occupation/subsidiary occupation</small>																																																								
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<b>IP 4</b>	<input type="text"/> <small>Surname, first name, title</small>		<input type="text"/> <small>exact title of occupation/subsidiary occupation</small>																																																								
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<b>Which of the persons to be insured have/had private health, life and/or accident insurance?</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Person</th> <th>class</th> <th>company</th> <th>Pol.no.</th> <th>applied for?</th> <th>rejected?</th> <th>terminated?</th> </tr> </thead> <tbody> <tr> <td>VP 1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>VP 2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>VP 3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>VP 4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Person	class	company	Pol.no.	applied for?	rejected?	terminated?	VP 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VP 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VP 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VP 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Have such policies been</th> </tr> <tr> <th>applied for?</th> <th>rejected?</th> <th>terminated?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Have such policies been			applied for?	rejected?	terminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Are the persons to be insured professional sportpersons and/or do they make their living mainly from a sporting activity? Which type of sport?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="text"/>			<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="text"/>																																																						
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<p><b>Special waiting periods</b></p> <p>Listed disease(s) are covered after expiry of the following waiting period(s)</p>	<p>Person, date of birth, tariff(s), type of disease(s), waiting period(s)</p>												
<p><b>Tariff selected</b></p> <p><input checked="" type="checkbox"/> Minimum insurance period three years</p>	<table border="0"> <tr> <td><input type="checkbox"/> IP 1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> IP 2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> IP 3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="checkbox"/> IP 4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p style="text-align: center;"><b>Tariff</b></p> <p>Contract term: indefinite</p> <p><input type="text"/></p> <p>Date of inception: YYYY/MM/DD</p> <p style="text-align: right;"><b>Total premium new</b> in EUR incl. insurance tax <input type="text"/></p> <p style="text-align: right;"><b>Total premium old</b> in EUR incl. insurance tax <input type="text"/></p> <p style="text-align: right;">monthly premium in EUR incl. insurance tax <input type="text"/></p>	<input type="checkbox"/> IP 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IP 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IP 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> IP 4	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> IP 3	<input type="text"/>	<input type="text"/>											
<input type="checkbox"/> IP 4	<input type="text"/>	<input type="text"/>											
<p><b>Additional agreements</b></p>	<p>Optional insurance for person(s)/tariff(s), Other</p>												
<p><b>Subsequent agreements</b></p>	<p>If any of the agreements referred to above is not concluded at the same time as the proposal is signed, we will be obliged under the law to ask you to sign them subsequently.</p> <p><input type="text"/></p> <p>Date, signature: policyholder</p>												
<p><b>Payment period</b> <b>Payment method</b></p>	<p> <input type="checkbox"/> monthly    <input type="checkbox"/> quarterly    <input type="checkbox"/> half-yearly    <input type="checkbox"/> yearly    <input type="checkbox"/> Direct debit mandate (Please fill in the form)    <input type="checkbox"/> Payment slip    <input type="checkbox"/> PartnerAccount </p>												

The insurance contract is only concluded following receipt of the insurance policy. No additional verbal agreements have been entered into. Moreover, I hereby confirm receipt of the proposed application, including summaries of benefits and a copy of the application. The written form is required for all notifications and declarations from the policyholder to the insurer. By means of my signature, I also make declarations and notes on the content of the application and recognise the same.

I/we hereby declare that all questions have been answered truthfully and in full – even if and to the extent that this application has been completed by a third party. In the event of failure to disclose a fact that has been subject to a written query, the insurer may withdraw from the contract or refuse contractual benefits.

**Data protection:**

data are in good hands at UNIQA! UNIQA ensures that data are secure, used lawfully and kept confidential. The data protection notices attached to the application provide detailed information on handling of data, and can be found at [datenschutz.uniqagroup.com](https://datenschutz.uniqagroup.com)

By means of my signature I hereby take note of the data protection notices and, as policyholder, hereby additionally inform all persons mentioned in the application (beneficiaries, premium payers or insured persons), who do not sign the application, of the contents of the data protection notices.

**Instructions on the right of withdrawal**

- (1) You may withdraw from your insurance contract in written form (f. ex. letter, fax, e-mail) within 14 days, without having to state any reason.
- (2) The withdrawal period starts with the agreement on the realisation of the insurance contract (= delivery of the policy or the insurance certificate), but not before you have received the insurance certificate and the Terms and Conditions of Insurance, including the provisions on the determination or adjustment of premiums, and these instructions on the right of withdrawal.
- (3) The declaration of withdrawal has to be addressed to UNIQA Österreich Versicherungen AG, Team Raiffeisen Versicherung, Untere Donaustraße 21, 1029 Wien, or by e-mail to [info@uniqa.at](mailto:info@uniqa.at). For meeting the withdrawal deadline, it is sufficient to send the declaration of withdrawal before the end of the withdrawal period. The declaration is also effective when it reaches the sphere of control of your insurance agent.
- (4) Upon your withdrawal, any insurance cover already granted as well as your future obligations arising from the insurance contract shall end. If the insurer has already granted cover, the insurer is entitled to a premium corresponding to the term of cover. If you have already paid premiums to the insurer that exceed such premium, the insurer shall refund such premiums without deduction.
- (5) Your right of withdrawal expires at the latest one month after you received the insurance certificate including these instructions on the right of withdrawal.

Signature policyholder (PH),  
insured person (IP 1)

Signature insured person 2 (IP 2)  
or legal representative

Signature  
adviser

Signature insured person 3 (IP 3)  
or legal representative

Place,  
date

Signature insured person 4 (IP 4)  
or legal representative

pol.no.:

<input type="checkbox"/> IP <input type="checkbox"/> Name	Date of birth	Height/cm	Weight/kg
1. Who is your attending physician (general practitioner with name and address)?			
2. Have you smoked cigarettes in the last 12 months? If yes, state average daily quantity:	<input type="checkbox"/> n <input type="checkbox"/> y		
3. Do you consume alcohol (type and quantity) or do you take or have you ever taken drugs (type, quantity, period)?	Alcohol: <input type="checkbox"/> n <input type="checkbox"/> y Drugs: <input type="checkbox"/> n <input type="checkbox"/> y		
4. Have you taken daily medication in the last three years for a period of more than 14 days? If yes, what and from when until when.	<input type="checkbox"/> n <input type="checkbox"/> y		
5. Have you been under regular medical treatment or have you had regular check ups for the last five years? (If yes, why? From when until when? Name of the treating physician?)	<input type="checkbox"/> n <input type="checkbox"/> y		
6. Have you been admitted as an inpatient to a hospital, rehabilitation centre or cure treatment in the last ten years? Did any examinations, operations, therapies incl. chemotherapy take place, are they planned or have they been advised?	<input type="checkbox"/> n <input type="checkbox"/> y		
7. Have you ever had benign or malignant tumours such as leukaemia, breast cancer, melanoma, brain tumour, adenoma etc. or diseases of the immune system such as HIV? Have you ever had chemotherapy or radiotherapy? (If yes, please give details, e.g. type, period ...)	<input type="checkbox"/> n <input type="checkbox"/> y		
<b>Have you or have you had diseases, disorders, injuries, anomalies or complaints in the last 10 years? If yes: What type? From when until when? Name, address of the treating doctor (doctors) and any known medical results*. Please enclose copies of existing diagnostic findings!</b>			
a) of the heart or the cardiovascular system, such as increased blood pressure (indicate values), pain in the heart region, circulatory disorders, stroke, atrial fibrillation, heart attack ...	<input type="checkbox"/> n <input type="checkbox"/> y		
b) of the nervous system such as multiple sclerosis, Parkinson diseases, paralysis, epilepsy, migraine ...	<input type="checkbox"/> n <input type="checkbox"/> y		
c) of your mental health, such as anxiety disorders, depression, burnout, attempted suicide, eating disorders, neuroses ...	<input type="checkbox"/> n <input type="checkbox"/> y		
d) of the ears such as tinnitus, acute hearing loss, reduced hearing ...	<input type="checkbox"/> n <input type="checkbox"/> y		
e) of the eyes such as impaired vision, double images, cataract/glaucoma ...	<input type="checkbox"/> n <input type="checkbox"/> y	dioptries: _____ ri _____ le	
f) of the skin such as neurodermatitis, psoriasis, allergies ...	<input type="checkbox"/> n <input type="checkbox"/> y		
g) of the bones, joints, muscles, spine or intervertebral discs such as meniscus, osteoporosis, rheumatic complaints, neck pains or pains in the back, slipped disc ...	<input type="checkbox"/> n <input type="checkbox"/> y		
h) of the lung or the respiratory system such as chronic bronchitis, asthma, deviated nasal septum ...	<input type="checkbox"/> n <input type="checkbox"/> y		
i) of the stomach, oesophagus, bowel, gall bladder, liver or pancreas such as gastritis, chronic intestinal inflammation, hepatitis, ...	<input type="checkbox"/> n <input type="checkbox"/> y		
j) of the kidney, urinary tract, genital organ, mammary gland or prostate gland, such as inflammations, stones, kidney failure, cysts ...	<input type="checkbox"/> n <input type="checkbox"/> y		
k) of the metabolic system such as diabetes mellitus, elevated blood lipids (indicate laboratory values), uric acid, diseases of the thyroid or diseases of the blood such as thrombosis, blood-clotting disorders ...	<input type="checkbox"/> n <input type="checkbox"/> y		
l) Are you pregnant?	<input type="checkbox"/> n <input type="checkbox"/> y	Date of delivery:	
m) Have you suffered permanent consequences due to accidental injuries or have you received a pension due to an accident or for other health reasons (e.g. serious invalidity) or have you applied for any such pension? If yes, please state reason and period.	<input type="checkbox"/> n <input type="checkbox"/> y		
<b>Only for nursing care insurance:</b>			
a) Do you require assistance in everyday life, e.g. dressing or undressing, personal care, climbstairs, eating and drinking, using the toilet, moving in or leaving the house and/or do you require a walking frame?	<input type="checkbox"/> n <input type="checkbox"/> y		
b) Do you have difficulties controlling urine flow or bowel movements?	<input type="checkbox"/> n <input type="checkbox"/> y		
<b>* Additional information to the above questions:</b>			

Ich/Wir erkläre/n, dass alle Fragen wahrheitsgetreu und vollständig beantwortet wurden – auch wenn und soweit dieser Antrag von einer dritten Person ausgefüllt wurde. Im Falle einer unterbliebenen Bekanntgabe eines Umstandes nach dem in geschriebener Form nachgefragt wurde kann der Versicherer vom Vertrag zurücktreten oder vertragliche Leistungen verweigern.

Place, date

Signature of the person(s) to be insured or of the legal representatives

Please tick, where applicable

pol.no.:

<input type="checkbox"/> IP <input type="checkbox"/> Name	Date of birth	Height/cm	Weight/kg
1. Who is your attending physician (general practitioner with name and address)?			
2. Have you smoked cigarettes in the last 12 months? If yes, state average daily quantity:	<input type="checkbox"/> n <input type="checkbox"/> y		
3. Do you consume alcohol (type and quantity) or do you take or have you ever taken drugs (type, quantity, period)?	Alcohol: <input type="checkbox"/> n <input type="checkbox"/> y Drugs: <input type="checkbox"/> n <input type="checkbox"/> y		
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5. Have you been under regular medical treatment or have you had regular check ups for the last five years? (If yes, why? From when until when? Name of the treating physician?)	<input type="checkbox"/> n <input type="checkbox"/> y		
6. Have you been admitted as an inpatient to a hospital, rehabilitation centre or cure treatment in the last ten years? Did any examinations, operations, therapies incl. chemotherapy take place, are they planned or have they been advised?	<input type="checkbox"/> n <input type="checkbox"/> y		
7. Have you ever had benign or malignant tumours such as leukaemia, breast cancer, melanoma, brain tumour, adenoma etc. or diseases of the immune system such as HIV? Have you ever had chemotherapy or radiotherapy? (If yes, please give details, e.g. type, period ...)	<input type="checkbox"/> n <input type="checkbox"/> y		
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c) of your mental health, such as anxiety disorders, depression, burnout, attempted suicide, eating disorders, neuroses ...	<input type="checkbox"/> n <input type="checkbox"/> y		
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j) of the kidney, urinary tract, genital organ, mammary gland or prostate gland, such as inflammations, stones, kidney failure, cysts ...	<input type="checkbox"/> n <input type="checkbox"/> y		
k) of the metabolic system such as diabetes mellitus, elevated blood lipids (indicate laboratory values), uric acid, diseases of the thyroid or diseases of the blood such as thrombosis, blood-clotting disorders ...	<input type="checkbox"/> n <input type="checkbox"/> y		
l) Are you pregnant?	<input type="checkbox"/> n <input type="checkbox"/> y	Date of delivery:	
m) Have you suffered permanent consequences due to accidental injuries or have you received a pension due to an accident or for other health reasons (e.g. serious invalidity) or have you applied for any such pension? If yes, please state reason and period.	<input type="checkbox"/> n <input type="checkbox"/> y		
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m) Have you suffered permanent consequences due to accidental injuries or have you received a pension due to an accident or for other health reasons (e.g. serious invalidity) or have you applied for any such pension? If yes, please state reason and period.	<input type="checkbox"/> n <input type="checkbox"/> y		
<b>Only for nursing care insurance:</b>			
a) Do you require assistance in everyday life, e.g. dressing or undressing, personal care, climbstairs, eating and drinking, using the toilet, moving in or leaving the house and/or do you require a walking frame?	<input type="checkbox"/> n <input type="checkbox"/> y		
b) Do you have difficulties controlling urine flow or bowel movements?	<input type="checkbox"/> n <input type="checkbox"/> y		
<b>* Additional information to the above questions:</b>			

Ich/Wir erkläre/n, dass alle Fragen wahrheitsgetreu und vollständig beantwortet wurden – auch wenn und soweit dieser Antrag von einer dritten Person ausgefüllt wurde. Im Falle einer unterbliebenen Bekanntgabe eines Umstandes nach dem in geschriebener Form nachgefragt wurde kann der Versicherer vom Vertrag zurücktreten oder vertragliche Leistungen verweigern.

Place, date

Signature of the person(s) to be insured or of the legal representatives

## Declarations and information

### Pre-contractual reporting requirements

The applicant (policyholder) is obliged according to § 16 of the Insurance Contract Law (VersVG) to answer all application questions - in particular questions relating to health, occupation and/or leisure behaviour - correctly and completely. Incomplete or incorrect answers hinder the insurer from correctly calculating the risk to the insured person. In the case of culpable neglect of this duty, the insurer may, under certain circumstances, withdraw from the contract and, if necessary, refuse to provide the benefits.

### Responsibility for the application

The application questions must be answered correctly and completely, otherwise the insurer may withdraw from the contract or refuse to provide the benefits. The applicant alone is responsible for the accuracy of the application, even if he did not fill out the application himself. The intermediary cannot give any binding explanations regarding the significance of the application questions or illnesses. All explanations must be expressed in written form in the application. Special agreements and caveats require written approval from the insurer. Declarations, information and inquiries with a data protection reference are usually not bound to any specific form as long as the General Data Protection Regulation or the Data Protection Act in the current applicable version does not stipulate a separate form.

### Commitment period

The applicant is committed to this contract for four weeks from the date of application.

### Commencement of insurance coverage

The submission of an application does not constitute an insurance contract. The insurance coverage begins after fulfilment of the contract conditions with the receipt of the insurance policy or a special declaration of acceptance as well as timely premium payments according to the schedule indicated in the policy.

### Duty of declaration in the case of an increase of risk up to receipt of the policy

The applicant commits himself to inform the insurer in written form and without delay of any change in health circumstances (symptoms, illnesses, injuries), or pregnancy, or change of profession of an insured person or people, which arise in the period before the receipt of the policy or before a possible later commencement of the insurance.

### Cancellation

The applicant can cancel the insurance for the first time at the end of the third year of insurance, and thereafter yearly at the anniversary date. The notice period is 1 month.

The insurer can cancel the contract for important reasons including among others

- Default on payment of premiums
- Infringement of obligations
- Deliberate deception
- Inadvertent infringement of the duty of declaration
- Causation of the insured event

If the policy holder cancels the insurance contract with respect to individual persons, the insurer has the right, for the period of one month, to cancel the insurance contract with respect to the remaining persons at the same time.

A cancellation entails the following disadvantages: For new contracts in the future a new health check will be necessary. New premiums will, if necessary, be reckoned according to the current age of the insured persons. A surrender value will not be paid, and there exists no right to payment of the ageing provision.

### Note on the protection scheme in Austrian private health insurance

The actuarial provision allocated to private health insurance contracts ensures the long-term fulfilment of claims from insurance policies. The actuarial provision is managed in the department allocated in the contracts of the cover fund to be created pursuant to Section 300 of the Austrian Insurance Supervision Act. In the event of the bankruptcy of the insurance company, the cover fund forms a special asset which can be used to satisfy the claims from insurance policies separately from claims of other creditors.

### Information about the acceptance decision for people with a disability

The policyholder or the insured person(s) can request a justification from the insurer if, for risk-related reasons, the health information provided makes a rejection or an agreement regarding a premium supplement, a risk exclusion, a reduction in benefits, or a particular waiting period necessary.

### Insurance tax

Insurance tax is 1% of the premium.

### Additional charges

In addition to the premium only such costs will be charged as are necessary to compensate the insurer for expenses which have been caused by the policy holder.

### Legal basis

The legal basis for the requested insurance rests upon the currently applicable tariffs and tariff provisions, the insurance conditions, and the Austrian Insurance Contract Act (VersVG). Austrian law applies.

### Sanctions limitation and exclusion clause

Irrespective of all other provisions of this contract, this (re-)insurance contract provides coverage insofar as insurance coverage is not conflicting with any economic, trade or financial sanctions and/or embargos of the Security Council of the United Nations (UN), the European Union (EU), or any national legislation which is applicable to the parties of this contract. This also applies to economic, commercial or financial sanctions and/or embargos issued by the United States of America or other countries, insofar as not in conflict with the legislation of the European Union (EU) or local legislation.

### Notifications concerning tax

Premiums for health insurance can be deducted against tax, upon fulfilment of the conditions for special expenses (according to current information: limited to 5 years for insurance contracts entered into before 1 Jan 2016; insurance contracts entered into after 1 Jan 2016 can no longer be deducted) and the framework for special expenses according to § 18 of the EStG (Austrian Income Tax Law). Under certain conditions self-employed persons also have the option of claiming advertising costs. The current legal tax situation is dependent on your personal circumstances, and can be subject to future changes. For answers to other legal questions regarding tax matters, please contact your tax consultant.

### Changes to flat-rate premium or insurance coverage

1. We are entitled to unilaterally change the flat-rate premium or the insurance coverage after the closing of a contract. Decisive circumstances for changes in the flat-rate premium or insurance coverage are changes in the following factors:
  - 1.1. the consumer price index published by the "Federal Statistical Office of Austria" (Statistics Austria) (VPI) 2015,
  - 1.2. the average life expectancy,
  - 1.3. the frequency of claiming benefits and their costliness according to the type of contract and its complexity, applied to the persons insured under this tariff,
  - 1.4. the ratio between the benefits agreed under this contract and the equivalent reimbursement of costs of legally-stipulated social insurance,
  - 1.5. the charges determined by law, regulation, other public act or by contract between the insurer and the healthcare institutions stipulated in the insurance contract for the use of these institutions and
  - 1.6. the healthcare and the legal conditions that apply.
  - 1.7. for group insurance in addition to the circumstances mentioned in 1.1 to 1.6: also a change in the circumstances mentioned in 1.2 and 1.3 merely among the insured persons belonging to this group, also as a result of a change in the average age of the group.
2. The declaration of a change in flat-rate premium or insurance coverage according to Point 1 shall only take effect from the first day of the month following its issue. If we increase the flat-rate premium in accordance with Point 1, we will offer the policy holder (in the case of group insurance, the main person insured), at their request, the opportunity to continue the contract with at least the same flat-rate premium and appropriately amended benefits.
3. If an insured child has reached 18 years of age, we are entitled to increase the flat-rate premium to the amount provided for in the relevant tariff for insured persons who enter the insurance at this age. We will notify the policy holder (in the case of group insurance, the main person insured) of such a premium increase at least one month prior to when the increase takes effect, stating the increased premium and giving them the option of cancelling the insurance contract within four weeks of receiving the notification, without the premium increase taking effect. For group insurance, we can agree with the policy holder a different age that is decisive for the premium increase, but this age must not exceed 20 years of age.
4. Declarations of changes in flat-rate premium or insurance coverage according to Point 1 shall be made four times each year on the following reference dates: 1st February, 1st March, 1st May and 1st August. The adjustment to group insurance may deviate from the above-mentioned dates by agreement with the policy holder.

5. If Statistics Austria no longer publishes the index agreed in Point 1.1, it shall be replaced by the index which Statistics Austria designates as its successor index; in the absence of such a successor index, it shall be replaced by the index published by Statistics Austria or its successor organisation which comes closest to the index according to Point 1.1.
6. Adjusting flat-rate premiums can lead to them increasing significantly during the contract period.

In particular, as a result of continual medical progress and further rising life expectancy, the premiums may rise faster than the consumer price index and thus significantly increase during the period of the contract.

### Report about solvency and financial situation

The report is available on our homepage [www.uniqa.at](http://www.uniqa.at) or is available for inspection at the office of the insurance company.

### Type of Insurance Claim

The adviser receives a commission for the mediation of the insurance contract, which is included in the insurance premium.

### Regulatory authority:

Financial Market Authority, Otto-Wagner-Platz 5, 1090 Vienna.

### Complaints offices

Customers may also send complaints to UNIQA Österreich Versicherungen AG, Untere Donaustrasse 21, 1029 Vienna, by email to [info@uniqa.at](mailto:info@uniqa.at). We shall immediately refer any complaint to the person responsible for processing. We shall give an opinion on each complaint within two weeks. However, you are also entitled to contact the Austrian Association of Insurance Companies (VVO), Schwarzenbergplatz 7, 1030 Vienna, email: [info@vvo.at](mailto:info@vvo.at). If the contract relates to a consumer transaction, you can also contact the Arbitration Board for Consumer Transactions, Mariahilfer Strasse 103/1/18, 1060 Vienna, email: [office@verbraucherschlichtung.at](mailto:office@verbraucherschlichtung.at) and to the Complaints office Federal Ministry of Social Affairs, Health Care und Consumer Protection, Stubenring 1, 1010 Wien, email: [versicherungsbeschwerde@sozialministerium.at](mailto:versicherungsbeschwerde@sozialministerium.at). In the event of a complaint related to data protection, you can contact the data protection officer for UNIQA Österreich Versicherungen AG, email: [datenschutz@uniqa.at](mailto:datenschutz@uniqa.at). In addition you have the option of lodging a complaint with the Austrian Data Protection Authority: [www.dsb.gv.at](http://www.dsb.gv.at), email: [dsb@dsb.gv.at](mailto:dsb@dsb.gv.at). Nevertheless, you still have the option to take legal action.






Date stamp LD

LD/ZSC

**Health insurance**

Adviser = producer®	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Note no.	Designation	D	Prov. share

**SEPA Direct Debit Mandate**

By signing this mandate form, you authorise the mentioned creditor to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from the mentioned creditor. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Name and precise address of the debtor

<input type="text"/>	<input type="text"/>	<input type="text"/>
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IBAN of the debtor

with (precise designation of the credit institution)

BIC

Payments on account of (underlying transaction – does not apply vis-à-vis the banks carrying out the payment transaction)

Payee:  
 UNIQA Österreich Versicherungen AG  
 Creditor-ID: AT10UAT0000001017  
 Untere Donaustraße 21, 1029 Vienna

Place, date

Signature(s) of the account holder or the person(s) entitled to sign on behalf of the account holder



# Data Protection Notice for Insurance Contracts

As at: 6 September 2018

## 1. Who is responsible for handling your data?

- 1.1. UNIQA Österreich Versicherungen AG, Untere Donaustraße 21, 1029 Vienna, Telephone: +43 50677 670, email address: info@uniqa.at (“UNIQA”, “we”, “us”) is responsible for adequately protecting your personal data. UNIQA therefore observes all legal provisions on the protection, lawful handling and non-disclosure of personal data, and on data security.
- 1.2. We process your personal data as prescribed in the General Data Protection Regulation (GDPR), the Data Protection Act (DSG), the special provisions of the Insurance Act and all other relevant laws.
- 1.3. You can reach our data protection officer at datenschutz@uniqa.at.

## 2. For what reason and purpose may UNIQA process your data?

- 2.1 **Fulfilment of contract and implementation of pre-contract measures:** We use your personal data in accordance with Art 6 Clause 1 b of the GDPR and applicable special provisions for processing special categories of personal data (particularly your health data for example) in accordance with Art 9 Clause 2 g and h and Clause 4 of the GDPR in conjunction with §§ 11 a ff of the Insurance Act,

- for assessing the risk to be assumed by us
- to determine whether and on what terms the insurance contract can be concluded or an amendment to the Contract can be made
- for processing offers and applications
- for preparing contracts
- from a legal insurance contract for its implementation, fulfilment (incl. collection of premiums), administration, accounting, loss assessment, provision of information as part of the payment processing and checking if you have a claim for payment
- for ongoing customer care and information provision
- for managing changes to master data and contract data
- with unit-linked products for fund management
- for the administration of licensing as entrusted licensing or registration office for the registration and de-registration of a motor vehicle.

Conclusion and fulfilment of the respective insurance contract are only possible if we are able to process your personal data. If you do not give us the required data, your insurance contract cannot be concluded.

- 2.2 **Your data can also be processed in the interests of UNIQA or a third party.** Primarily in accordance with Art 6 Clause 1 f of the GDPR for:

- Risk assessment, offsetting risks assumed by us and making sure your claims are met

- Preparing statistics on the development of new tariffs, customer care, processing offers and applications, contract administration and service provision, risk mitigation
- Obtaining credit reports, particularly for advance mitigation of default risk in long-term investments
- The ongoing improvement of our processes, to give a long-term guarantee of the high quality of our consulting and support
- Risk assessment in the event of an application, to establish facts when checking payment and in combating insurance fraud. To serve these purposes in the personal insurance (e.g. life insurance) context, UNIQA can exchange your personal data with the central information system of the insurance industry (ZIS). You can find more information on the information system managed by the Association of Insurance Companies at Point 3.7 of this document. In the context of the motor vehicle liability contract, UNIQA checks information on the claims history of the motor vehicle liability contract or the correct no-claims bonus classification, to enable the calculation of premiums according to claims history.
- for “compliance” purposes. This means compliance with legal and other requirements, such as income tax and social security deductions, recording/reporting obligations, audits, compliance with inspections by government/authorities, response to lawsuits, the pursuit of legal rights/remedies, defence in legal disputes, managing internal complaints/claims, investigations and compliant behaviour with strategies/procedures.
- Capturing signature characteristics should the need arise (especially with electronic signature) and filing with a Notary legally obliged to secrecy for the purpose of the assertion and exercise or defence of legal claims.
- Prevention and investigation of offences. For this we particularly use data analyses to identify indications of insurance fraud.
- Market research such as satisfaction surveys and studies on services provided, advice and direct marketing can be regarded as processing that serves legitimate interests, provided they result from considering the balance of interests of the respective market research or direct marketing activities. Otherwise we will only use your data for these purposes with your separate consent which can be revoked at any time.
- Profiling as part of direct marketing for a targeted relevant approach, target group and product selection and for consideration of the collective agreement provisions and contractual framework of the relevant product
- Planning, implementation and documentation of internal auditing measures and forensic analyses to ensure continuous improvement of our business processes and fulfilment of supervisory obligations
- Ensuring IT security and operation, carrying out stress tests, development of new and adaptation of existing products and systems, migration of data to ensure the load capacity and

integrity of the systems and thus by extension also of the processed data. Here the personal data provided is predominantly used for tests where this cannot take place with a justifiable economic cost on the basis of anonymous data, provided data security is self-evidently consistently guaranteed in accordance with Art 32 of the GDPR.

- 2.3 **Compliance with statutory obligations:** UNIQA has statutory obligations e.g. regulatory requirements, advisory obligations, and tax or company law provisions. To enable us to comply with these, we process your personal data in accordance with Art 6 Clause 1 c of the GDPR only to the extent required by the respective law.

In accordance with the specifications of the financial market Money Laundering Act (FM-GwG) UNIQA must establish and check the identity of customers or beneficial owners or possible trustors of customers, assess the purpose and type of business relationship sought by the customer, obtain information on and check the origin of the resources deployed, and continuously monitor the business relationship and the transactions carried out in that context.

On this basis, UNIQA must keep in particular copies of documents and information obtained that contain the personal data of the customer or beneficial owner or trustor and are required for compliance with the due diligence obligations described, and transaction documents and records that also contain the personal data of the customer or beneficial owner or trustor and are required for identifying transactions. Personal data processed by UNIQA exclusively on the basis of the Money Laundering Act (FM-GwG) for the purposes of preventing money laundering and the financing of terrorism may not be processed in any way that is incompatible with these purposes. This personal data may not be processed for other purposes, e.g. for commercial purposes.

- 2.4 **Consent:** We obtain your consent in accordance with Art 6 Clause 1 a of the GDPR, provided none of the above justifications under Points 2.1 to 2.3 exist. In doing so, we will obviously fully respect any additional provisions (including the Telecommunications Act). UNIQA primarily needs your voluntary consent, which can be revoked at any time, for making electronic or telephone contact for advertising purposes pursuant to the Telecommunications Act, possible recording of conversations on telephone contact or when investigating your health data with third parties such as doctors or medical institutions in accordance with §§ 11a to 11d of the Insurance Act to the extent strictly necessary for the conclusion or amendment and performance of a contract. This consent is not covered by this data protection notice and must be obtained separately as required.
- 2.5 Before UNIQA processes your data for purposes other than those represented in this document, we will inform you separately.

### 3. To whom might your data be passed or from whom do we receive it?

- 3.1 **Reinsurers:** Where appropriate, we insure the risk assumed by us with special insurance companies (reinsurers). It may be necessary here to send your contract and loss data to them in accordance with § 11c Clause 1 Z 2 of the Insurance Act. This is necessary for the reinsurer to be able to assess the risk or claim

independently. It is also possible for the reinsurer to help us assess procedures because of its special expertise. We only pass on your personal data if this is necessary and proportionate for the fulfilment of your contract or To safeguard our legitimate interests.

- 3.2 **Insurance intermediaries:** If your insurance agreement with UNIQA is concluded through an agent or broker and/or an agent or broker looks after your insurance contract with UNIQA, the insurance intermediary collects your personal data and passes us the data we need to check your insurance risk on the conclusion or fulfilment of the respective contract. We also transmit your personal data to the intermediary to the extent that this is necessary to look after you.
- 3.3 **Investment fund database:** Where the contract is used for credit protection, the data required to ensure a continuous information flow on impairment and the proper operation of the investment fund when granting credit is passed to the creditors.
- 3.4 **Data transfer within the UNIQA group of companies:** We can pass individual data processing to specialist sectors or companies within our group of companies. This is so UNIQA can manage your customer data centrally. You can find a list of the companies belonging to the UNIQA group of companies at [www.uniqagroup.com](http://www.uniqagroup.com) in the latest UNIQA group report.
- 3.5 **External service providers:** We abide by legal and contractual obligations. For this purpose, we cooperate with external service providers (contract processors) and pass them your personal data as required for providing the service. Our contract processors particularly include IT service providers, service providers in customer service, contract management and claims processing, market research institutes, advertising agencies and waste management companies, who dispose of our business documents in compliance with data protection regulations).
- 3.6 **Courts and public authorities:** There are also statutory obligations with which UNIQA can only comply if we transfer your personal data to authorities (such as social insurance agencies, financial authorities or law enforcement authorities) or courts to the extent required.
- 3.7 **Central information system:** The Austrian Insurance Federation (VVO), Schwarzenbergplatz 7, 1030 Vienna, operates a personal insurance Central Information System for insurance companies for the legitimate interest (Art. 6 (1) f of the GDPR) of participating insurers and the insured community for the coordinated safeguarding of insurance cover adjusted to contributions and the scope of services. The VVO act as contract processors, and participating insurers act as jointly responsible for processing. They are used by us in the life insurance division (incl. occupational disability insurance) for checking insurance risks in applications or for payment. If an application for life insurance is rejected, or accepted under difficult conditions, if an insurance contract is ended because of pre-contractual non-disclosure, or if an occupational disability insurance is concluded (insured annuity > 9,000 Euros), the person insured/to be insured can be recorded in the system for a maximum of seven years from signed application (irrespective of any withdrawal of the application). The following are recorded: Name, date of birth, type and date of report (new registration, change notification or cancellation message), insurance division, numerically coded message, possible note of objection. If an application is made to the insurance companies' Central Information System, the corresponding notification is carried out.

Every participating insurance company and thus also UNIQA makes sure with regard to its use of the information system that in the process the data protection regulations adopted, and also the registration requirements imposed by data protection authorities on this system, are complied with. The data stored in the information system is deleted as soon as the data stored in the information system is no longer needed for the purposes represented at Point 3.7. and no further statutory retention periods apply. In the context of life insurance, the data is automatically deleted after the expiry of a period of seven years.

An existing system entry can be searched by the participating insurance company, which can lead to further information having to be obtained from the person concerned in certain circumstances. The information on the data processed in the information network on the person requesting disclosure and the rectification or deletion of incorrect data can be requested and its processing objected to in justified individual cases. In these cases, we request that they contact us at [info@uniqa.at](mailto:info@uniqa.at). Further to this, complaints (in accordance with the GDPR) can be raised with the data protection authorities and requests can be made to restrict data processing until its correctness can be resolved and to transfer data to third parties.

The data on the person insured or to be insured that is stored in the system is required to fulfil the insurance contract. If it is not provided, the insurance relationship cannot be established.

- 3.8 **Credit checks:** UNIQA can transfer your personal data as part of a credit check with credit reference agencies (such as the Association for the Protection of Creditors and CRIF GmbH) and retrieve information on your creditworthiness from this.
- 3.9 **Other recipients:** As part of the contractual relationship and especially in connection with our service obligation, there can - depending on the individual case - be further transfer of your personal data (e.g. to doctors, medical institutions, co-insurers, experts, consultants, lawyers, advocacy groups, companies participating in claims settlement, credit institutions, financial service providers and investment companies, post and courier services, and logistics partners and creditors and, in the case of securing the contract, partner companies for weather warning, if you make use of this service, and auditors).

You can find an overview of recipients (third parties and also service providers used by us as contract processors) at [datenschutz.uniqa.com](http://datenschutz.uniqa.com)

#### 4. Might your data also be passed to another country (including outside the EU)?

- 4.1 Yes, if this third country has been confirmed by the European Commission to have an adequate level of data protection or if other suitable data protection warranties exist (e.g. binding data protection regulations within the company or EU standard data protection clauses). You can find detailed information on this and how you can obtain a copy of the appropriate warranties at [datenschutz.uniqa.com](http://datenschutz.uniqa.com). You can also have this information sent to you at the above contact address.

#### 5. How long is your data stored?

- 5.1 As soon as UNIQA no longer needs your personal data for the above purposes, it will delete it, provided no further statutory retention periods apply.
- 5.2 The statutory limitation period is between three and thirty years. In this time claims can be asserted against UNIQA. While it is necessary, according to each potential claim and for the exercise of our legal claims, we can retain personal data of yours that is required for this.
- 5.3 Because of company law guidelines, your contract data must be stored for a minimum of seven years after the end of the contract (§ 212 of the Austrian Commercial Code). Special ten-year retention obligations also apply in accordance with § 12 of the Insurance Act.
- 5.4 Health data that is no longer required for a legally permissible purpose (such as contract fulfilment or defence of legal claims) is immediately deleted by us. This particularly applies to data in connection with a rejected application for insurance or if an insurance contract fails to come into effect for other reasons.

#### 6. What are my rights?

- 6.1 If you so wish, we can give you information at any time on all the personal data of yours that we process. In addition, in some cases you are also entitled to data portability and thus surrender in a structured, accessible and machine-readable format of your personal data given to us.
- 6.2 You can under certain conditions request a restriction of processing and the rectification and deletion of your personal data.
- 6.3 In some of the above cases, UNIQA is entitled by your consent to process your personal data. You can revoke your consent with effect for the future at any time without giving reasons; until then, we will process your data lawfully.
- 6.4 Would you like to make a complaint? In that case you can go to the data protection officer mentioned under Point 1.3. In addition, you have the option to complain to the Austrian data protection authorities: [www.dsb.gv.at](http://www.dsb.gv.at)

#### 7. Your right of revocation

**As the person concerned, you can object to the use of your personal data at any time, if it is processed for direct marketing.**

**Insofar as we are processing your data in the interests of UNIQA or a third party, you also have the right of revocation at any time, if there are reasons arising out of your particular situation.**

## My voluntary consent to the processing of my data

### 1. Upon conclusion of the contract UNIQA can obtain my health data from third parties

I, as **insured person**, consent that UNIQA Österreich Versicherungen AG, Untere Donaustraße 21, 1029 Vienna (UNIQA) obtains information about my personal health data with regards to the conclusion of a contract or an amendment of a contract from the examining and treating healthcare providers such as doctors, health facilities and also from stated social insurance agencies. Moreover, UNIQA is allowed to inspect already existing health data for this purpose. By means of the health data, UNIQA evaluates whether and to which conditions the insurance contract can be concluded or the requested amendment of the contract can be carried out.

**With my consent, UNIQA can obtain and process the following data:**

- Necessary medical documents such as the medical history, discharge reports, histology and lab results
- All diagnostical results, infusion sheet
- Clinical and medical admission and treatment data

With my consent, I release the hereby questioned from their medical and other occupational confidentiality as well as from their official duty of secrecy.

I can receive more information about the privacy policy (such as contact details of the data protection officer, the overview of potential data recipients, my rights and retention periods) at any time at [datenschutz.uniqagroup.com](https://datenschutz.uniqagroup.com)

My consent is freely given and takes place on the basis of the abovementioned privacy policy. If I do not consent, I myself am responsible to obtain these documents and transmit them to UNIQA. If these documents are missing, UNIQA can on a case-by-case basis reject my application or accept it under changed conditions. **I can withdraw my consent at any time with effect for the future (e.g. via e-mail or letter) without giving reasons.**

- |  |   |   |
|--|---|---|
| Policyholder (PH), insured person 1 (IP 1) | <input type="checkbox"/> Yes, I consent | <input type="checkbox"/> No, I do not consent |
| Insured person 2 (IP 2)                    | <input type="checkbox"/> Yes, I consent | <input type="checkbox"/> No, I do not consent |
| Insured person 3 (IP 3)                    | <input type="checkbox"/> Yes, I consent | <input type="checkbox"/> No, I do not consent |
| Insured person 4 (IP 4)                    | <input type="checkbox"/> Yes, I consent | <input type="checkbox"/> No, I do not consent |

### 2. Following an insured event, UNIQA is entitled to acquire my medical data from third parties and check on whether I am eligible for benefits (pre-authorization)

As **insured person**, I hereby consent to UNIQA Österreich Versicherungen AG, Untere Donaustrasse 21, 1029 Vienna (UNIQA) being informed about my personal medical data at examining or treating healthcare providers, such as doctors, hospitals and at disclosed social insurance carriers and other facilities under a confidentiality obligation, as well as authorities (e.g. police) and courts involved in relation to the insured event. All this to the extent necessary to allow for assessment of the indemnification obligation and handling of the insured event.

**By means of my consent UNIQA is entitled to obtain and process the following data:**

- Diseases related to the specific insured event, injuries to health, symptoms of wear equivalent to disease, infirmity and consequences of accidents
- Essential medical documents for assessment, i.e.:
  - Data on the reason for in-patient admission or out-patient treatment, on any causes of the accident or treatment provided, on the duration of stay or treatment and on discharge from or end of treatment; case history for current and previous treatments/admissions and status sheet, temperature chart with infusion plan, all diagnostic findings, surgery report, medical progress report, anaesthesia record, progress report for nursing activities, discharge report, forensic findings, operational and official records
  - Essential investigation file, court record, file notes or another official file, including medical data, for handling the insured event
  - Personal insurance that had been applied for, was existing or had ended at the time of the insured event, from social insurance carriers, public funds for healthcare financing and private insurance companies (with regard to double insurance)

Before UNIQA acquires information, it shall advise me of the reason and scope of the specific, intended data collection and explain to me, clearly and understandably, that I have the right to object to the specific, intended data collection, and of the consequences of an objection. Once I have received this information, I am entitled to lodge an objection within 14 days. If I do not raise an objection, UNIQA is entitled to obtain the data based on already granted consent. By means of my consent to obtain and check on my medical data from and at third parties, I hereby release the specified respondents in advance from medical or other professional confidentiality and official secrecy within the scope of the consent.

I can obtain more details on data protection notices (such as contact data for the data protection officer, summary of all data recipients, my rights and retention periods) at any time at [datenschutz.uniqagroup.com](https://datenschutz.uniqagroup.com)

My consent is voluntary and shall be granted based on the abovementioned data protection notices. If I do not grant consent, such consent must be issued later for each individual insured event. If a declaration is submitted later, handling of the insured event can be delayed. Such consent can be revoked with future effect at any time (e.g. by email or letter), without indicating reasons.

If UNIQA does not have my consent because I have not given it (including for the specific insured event), have revoked it or objected to the specific data collection, I shall be personally responsible for providing these documents and handing them over to UNIQA. I know that UNIQA needs the necessary data in order to pay benefits. If UNIQA does not receive the necessary data, in certain cases this may release UNIQA from the indemnification obligation.

- |   |  |  |
|---|--|--|
| <b>Policyholder (PH), insured person 1 (IP 1)</b> | <input type="checkbox"/> <b>Yes, I consent</b> | <input type="checkbox"/> <b>No, I do not consent</b> |
| <b>Insured person 2 (IP 2)</b>                    | <input type="checkbox"/> <b>Yes, I consent</b> | <input type="checkbox"/> <b>No, I do not consent</b> |
| <b>Insured person 3 (IP 3)</b>                    | <input type="checkbox"/> <b>Yes, I consent</b> | <input type="checkbox"/> <b>No, I do not consent</b> |
| <b>Insured person 4 (IP 4)</b>                    | <input type="checkbox"/> <b>Yes, I consent</b> | <input type="checkbox"/> <b>No, I do not consent</b> |

### Important information on obtaining your medical data from third parties in case of death

Regardless of the above consent to obtain and check on medical data at or from third parties, it is only possible to conclude an insurance contract with UNIQA if UNIQA is able to comply with its contractual obligations in each case. This includes an assessment of the indemnification obligation and handling of the insured event in case of your death. This requires release from confidentiality and official secrecy of third parties in the following extent and under the following conditions:

As a result, in the event of my death, by means of my signature I hereby release examining or treating healthcare providers, such as doctors, hospitals and disclosed social insurance carriers and other facilities under a confidentiality obligation, as well as authorities (e.g. police) and courts involved in relation to the insured event, in advance from medical and other professional confidentiality, as well as official secrecy, and have authorized UNIQA in advance to inspect files at such authorities and courts for me, in order to allow UNIQA to assess the indemnification obligation, handle my insured event and obtain and process the following data:

- Diseases related to the specific insured event, injuries to health, symptoms of wear equivalent to disease, infirmity and consequences of accidents
- Essential medical documents for assessment, i.e.:  
 Data on the reason for in-patient admission or out-patient treatment, on any causes of the accident or treatment provided, on the duration of stay or treatment and on discharge from or end of treatment; case history for current and previous treatments/admissions and status sheet, temperature chart with infusion plan, all diagnostic findings, surgery report, medical progress report, anaesthesia record, progress report for nursing activities, discharge report, forensic findings, operational and official records
- Investigation file, court record, file notes or another official file, including medical data, required for handling the insured event
- Personal insurance that had been applied for, was existing or had ended at the time of the insured event, from social insurance carriers, public funds for healthcare financing and private insurance companies (with regard to double insurance)

### 3. After an insured event, UNIQA can obtain my health data for direct billing with the healthcare provider

I, as **insured person**, consent that UNIQA Österreich Versicherungen AG, Untere Donaustraße 21, 1029 Vienna (UNIQA) obtains information about my personal health data from healthcare providers and settles the incurred costs directly with the healthcare provider:

The following data is necessary for the cover note:

- Information about the identity of the insurance holder / main insured person or the insured person(s); data about the insurance relationship and the admission diagnosis
- Data about the reason of the inpatient admission or the outpatient treatment as well as to the question whether the treatment underlies an accident
- The following data is necessary for the invoicing and examination of the service:
  - Information about the rendered treatment performance
  - Data about the reason of the treatment and the extent of it including the surgery report
  - Data about the duration of the inpatient stay or treatment
  - Information about the discharge or the termination of the treatment

I can receive more information about the privacy policy (such as contact details of the data protection officer, the overview of potential data recipients, my rights and retention periods) at any time at [datenschutz.uniqagroup.com](https://datenschutz.uniqagroup.com)

My consent is freely given and takes place on the basis of the abovementioned privacy policy. If I do not consent, I myself am responsible to obtain these documents and transmit them to UNIQA. **I can withdraw my consent at any time with effect for the future (e.g. via e-mail or letter) without giving reasons.** If I do not consent or withdraw my consent, UNIQA could – at least for the time being – refuse the cover of the treatment costs. In the meantime, I would also have to pay for services myself that would otherwise be covered.

Policyholder (PH), insured person 1 (IP 1)	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent
Insured person 2 (IP 2)	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent
Insured person 3 (IP 3)	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent
Insured person 4 (IP 4)	<input type="checkbox"/> Yes, I consent	<input type="checkbox"/> No, I do not consent

By means of my signature I hereby confirm all decisions taken above on the use of my data.

Signature policyholder (PH),  
 insured person (IP 1)

Signature insured person 2 (IP 2)  
 or legal representative

Signature insured person 3 (IP 3)  
 or legal representative

Place,  
 date

Signature insured person 4 (IP 4)  
 or legal representative