

Application form aqua med dive card



Personal data:

First name: _____ Tel.: _____
Last name: _____ Mobile: _____
Date of birth: _____ m f E-Mail: _____
Street address: _____ Association, No.: _____
Country, Postcode, City: _____ Language: DE GB IT FR ES
May we let you have the latest news? yes no May we address you informally? yes no

Choose your dive card: Prices are per year.

- dive card basic (45.– €) dive card family (98.– €)* (upgrade to professional versions on request)
 dive card professional (139.– €) additional travel card (25.– €)* (for non-diving partners & children under 21)

*Only with dive card family or travel card: Additional insured family members in common household

First name & last name: _____ m f Date of birth: _____
First name & last name: _____ m f Date of birth: _____
First name & last name: _____ m f Date of birth: _____

Do you want your policy to start immediately? yes* later, on: ____ . ____ . ____

*If the services to be provided start immediately, prior to the expiry of the time limit for cancellation, my right of cancellation pursuant to § 312d III No.2 BGB shall cease to exist.

Do you practise any underwater activities on a professional basis? If so, please tick the appropriate box (Recommendation: dive card professional):

- Diving instructor/assistant UW-photographer/guide UW-biologist/archaeologist

How did you learn about the dive card?:

- Diving school/instructor Internet Trade show Social media Magazine: _____ Other: _____

Choose a payment method:

- via Invoice (To this payment method we add a handling fee of 3.– € per year.)
 via SEPA core direct debit: the mandate reference will be submitted separately. Beneficiary: Medical Helpline Worldwide GmbH.

Account holder (if other than above): _____

Address (if other than above): _____

IBAN (max. 35 types): _____

BIC (8 or 11 types): _____ Bank: _____

I hereby give the Medical Helpline Worldwide GmbH the right to debit my account and at the same time I authorise my bank to debit the withdrawals requested by the Medical Helpline Worldwide GmbH from my bank account.

Note: I am entitled to a refund within 8 weeks starting from the date on which my account was debited, under the terms and conditions of my agreement with my bank.

- via credit card Card holder: _____ Mastercard Visa
Card number: _____ valid until: ____ / ____

I hereby give the Medical Helpline Worldwide GmbH the right to collect due fees from my credit card.

This authorisation is valid for the duration of contract until written revocation (including consecutive annual fees).

Place, Date

Signature account/card holder

Contract terms for the aqua med cards and Right of revocation

I have taken note of the "Contract terms for the aqua med cards (Vers. 12.2013)" and of the "Right of revocation".

Declaration of consent to the processing of personal data (§§ 4a, 3 paragraph 9 BDSG)

I hereby consent to the collection, processing and use of my data, particularly of my health data, for the purposes of the acceptance and administration of this policy, for administrative processing and accounting by the Medical Helpline Worldwide GmbH, including through the intermediary of and together with its distribution partners and, where applicable, for disclosure to the insurers ACE European Group Limited and R+V Versicherung AG.

Place, Date

Signature

Aqualand / VP1406183

CEO:
Sven Aumann,
Marco Röschmann (Medical Director)
Commercial register HRB 20515
Bremen direct court

Bank: Apotheker- und Ärztebank
IBAN: DE16 3006 0601 0105 3501 15
BIC: DAAEEDDXXX
Creditor Identifier: DE84MHW00000088473
VAT IN: DE219056749

aqua med
a trademark of Medical
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Contract terms for the aqua med cards

Vers. 12.2013

I Data Law Provisions

1. Information on the use of your data

In order to perform the contract, particularly in the event of benefit being payable, Medical Helpline Worldwide (hereinafter called aqua med) and the insurer need personal data from you. The collection, processing and use of this data is strictly regulated by law. In accordance with § 34 of the German Federal Data Protection Law (BDSG) you can at any time request information regarding data about you stored by

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28217 Bremen
Tel: +49 (0)421 22227-0, E-mail: service@aquamed.eu

and most data (except for medical data arising out of cases when benefits become payable) can be viewed directly at <http://customer.aqua-med.eu> using your personal login data. You can also request for your data to be corrected or blocked / deleted if it is incorrect or if the use of such data proves to be unauthorised or no longer necessary.

2. Consent for the collection, processing and use of data

The processing and use of your personal data is governed by the German Federal Data Protection Law (BDSG) and the additional regulations of the German Insurance Contract Act (VVG). Your consent in accordance with data protection legislation is necessary for the collection, processing or use of your data. This contract cannot be concluded without such consent.

3. Processing and use of your health data

Medical Helpline Worldwide GmbH or aqua med is a medical service business and is therefore subject to the medical duty of confidentiality in accordance with § 203 of the German Criminal Code (StGB). Your health data is therefore also subject to the medical duty of confidentiality and cannot be forwarded to third parties, including insurers, without your express consent.

There is an exception to this rule if your health data is needed in an emergency for your medical treatment and our doctors consider it necessary to forward this information to the place of treatment. In such a situation we can also forward this information to the place of treatment even if we have only received oral notification of an emergency from you in order to ensure quick and safe treatment.

4. Verifying the duty to provide benefit

In order for aqua med to be able to provide its assistance services and in order for the insurer to verify its duty to provide benefit, it may be necessary for aqua med or the insurer to verify information about your state of health which you have provided for the purpose of substantiating claims or which is contained in documents (e.g. invoices, prescriptions, reports etc.) which have been submitted or communications from a doctor or other healthcare professional.

This will only happen if it is necessary and you consent to the collection of data and if you release the places which hold the relevant health information from their duty of confidentiality. You can provide these declarations at a later date in individual cases.

II Important note

The application form is for divers whose place of residence is in the EU or Switzerland. The law of the Federal Republic of Germany shall apply. All prices are in Euro and include value added tax. The contract commences no earlier than the application being received by aqua med. The term of the contract is 1 year and extends for a further year at a time unless we receive notice of termination in writing by two weeks before the contract expires.

If you wish to pay by invoice and bank transfer instead of by direct debit or credit card we will charge 3.– € per annum for the additional expense. If payment is not made within 10 days or the bank / credit card collection is not possible due to lack of funds or false details, the entitlement to benefits shall lapse until full payment plus an administration fee of 10.– € has been received. If you object to a direct debit collection without justification, Medical Helpline Worldwide GmbH will charge you for the resulting costs (10.– € for SEPA direct debit and 35.– € for credit card debit) and the entitlement to benefits shall cease until the full payment.

You must inform us of any change of address and of contact details without delay. The insurance conditions, which you can download from the internet (www.aqua-med.eu) or request from us at any time, form the basis of this contract.

III Right of revocation for long-distance transactions

You have the right to revoke your contract within 14 days if your contract was concluded by means of distance communication. Your revocation will be effective without having to give any reasons if it is in writing and sent by post, fax or email within this period to our address set out at I-1 above (Data Protection). The revocation period commences after you have received this information in written or electronic form but not before fulfilling our duties to provide information in accordance with Article 246 § 2 in conjunction with § 1 (1) and (2) of the Introductory Act to the German Civil Code (EGB GB). We will refund in full any sums already paid to us within 30 days of receiving your declaration of revocation. If you wish your contract to commence immediately or within this revocation period then the right of revocation lapses upon the commencement of the contract in accordance with § 312d III no. 2 of the German Civil Code (BGB).

IV Severability clause

Should any provision of these contract conditions be invalid, the validity of the remaining provisions shall not be affected by this. The invalid provision shall be replaced with a valid provision the purpose of which comes as close as possible to the invalid provision.