

SUBSEQUENT INSURANCE FOR CHILDREN

Please print out the filled in form and send it back to us by post with your original signature.

A. Application for insurance

Insurance No.	First and family name of policy holder		
Agent	Date of application Day/Month/Year	Policy decision	

I hereby apply for my newborn child

Family name	Sex <input type="checkbox"/> male <input type="checkbox"/> female	Birth- Day/Month/Year
First name	Social security no	Nationality

as per the date of birth the conclusion of health cost insurance/hospitalization benefit insurance

Sub no	Start of insurance on 1 <sup>st</sup> of Month   Year	Tariff/Amount of daily hospitalization benefit in Euro	Total monthly premium EURO

corresponding to the currently valid tariffs. The insurance should register under my insurance number.

B. For attention

With newborn children insurance cover for health costs commences directly after birth without waiting periods, provided one parent has had health costs insurance with the company for a period of at least three months on the day of the birth and the application for insurance is made no later than two months subsequent to the date of birth and backdated to the first day of the month in which the child was born. The insurance cover should not exceed that of either parent in any way. Newborn children can only be insured in tariffs which permit new entrants for insurance cover.

C. Declaration of applicant

Responsibility for contents of application

I am aware that I am obliged to answer the questions asked in this application conscientiously and to the best of my knowledge. In the event of non-observance of this obligation, the insurance contract shall be null and void in accordance with the General Insurance Conditions. I am also aware that the agent is not authorized to make binding statements on behalf of the insurer in respect of the significance or extent of the questions listed in this application and I am also responsible for the correctness of the answer when the application is completed by a third person (e.g. an agent)

General Insurance Conditions

I have received the General Insurance Conditions and recognize them as binding.

Data Protection Clause

By express agreement and in accordance with the Data Protection Act of 2 August 2002, I authorise DKV Luxembourg S.A. to record and process the data I have communicated to it as well as any I communicate to it in future of all persons to be insured under my contract and as long as legally represented by me, with a view to assessing risks, drawing up, establishing, managing and executing insurance contracts. Unless otherwise requested by myself, my data and the data of persons to be insured under my contract may also be processed for the purposes of further servicing and counselling provided this use does not entail divulging any information to third parties, as defined in the insurance contract.

The company in charge of the processing is DKV Luxembourg S.A., 11-13, rue Jean Fischbach, L-3372 Leudelange. It may communicate the above mentioned data to third parties in the cases specified in Article 111-1 of the amended Act of 06.12.1991 on the insurance sector establishing professional secrecy in insurance matters, and according to the methods and conditions specified therein.

I have a right to access and correct this data. I can exercise that right by submitting a written request to DKV Luxembourg S.A.

The length of time for which this data are held is limited to the duration of the insurance contract and the subsequent period during which the preservation of data is necessary to allow the Company to comply with its obligations as regards prescription periods or pursuant to other legal provisions.

Special consent

“I hereby give my special consent as regards the processing of medical data relating to me.”

Date/Place	Signature of the legal agent if not identical with the applicant (first and family name)	Signature of the agent
Signature of applicant		