SWICA

CONSULTATION PROTOCOL.

Date of consultation (day/month/year)

Name of the advisor(s)

POLICYHOLDER

(Please fill in using uppercase and lowercase letters.)

Surname

First name

Date of birth (day/month/year)

OTHER FAMILY MEMBERS

Surname

First name

Date of birth (day/month/year)

Surname

First name

Date of birth (day/month/year)

Surname

First name

Date of birth (day/month/year)

I was/We were advised and informed thoroughly about the following points before submitting the insurance application(s), and I am/we are aware of and fully agree with them (please mark the points that were discussed):

MANDATORY HEALTHCARE INSURANCE (KVG)

- ☐ Terms and conditions of the selected insurance model(s) (FAVORIT models)
- ☐ Selected excess and the resulting maximum annual costs

SUPPLEMENTARY INSURANCE UNDER THE INSURANCE CONTRACT ACT (VVG)

- ☐ SWICA's rate based on age at enrolment/age-based rate
- ☐ Rights/obligations of the BENEVITA bonus programme
- ☐ Co-payments for COMPLETA TOP, COMPLETA FORTE, OPTIMA and HOSPITA plans (including HOSPITA FLEX option)
- ☐ Statutory/contractual co-payments as well as offsetting co-payments for basic insurance against those for SWICA supplementary insurance plans
- ☐ Qualifying period for maternity in the case of HOSPITA and GLOBAL CARE plans (360 days from when the insurance begins)
- ☐ Consequences arising from contract breaches and false statements about assessments of the risk, person and state of health (breach of disclosure obligation)
- ☐ I/We expressly choose not to take out VVG-compliant supplementary insurance from SWICA.

- [ ] Subsequent changes in the customer's state of health and the facts set out in the health declaration must be notified before taking out insurance (delivery of confirmation of acceptance or policy), unless the product "endowment insurance in the event of illness-related death or disability (KTI)" is taken out. In particular, such changes include illnesses and/or accidents that occur after the application has been submitted.
- [ ] When including accident risk in SWICA supplementary insurance plans, or for SWICA supplementary insurance plans that only cover accident risk, accidents and their sequelae are only covered if the first event occurs after the insurance begins.

MISCELLANEOUS

- [ ] I/We hereby confirm that the appointment for the consultation resulting in the application did not originate from a cold call.

I/We hereby confirm that I/we have received the following information:

- [ ] Information in accordance with Art. 3 VVG (in particular concerning the insured risks, the premiums owed and the policyholder's further obligations, the scope of cover and benefits [including the inclusion/exclusion of accident cover], whether cover involves fixed-sum or indemnity insurance, the term and termination of the contract, the right of revocation under Art. 2a VVG [including the form and withdrawal deadline], the submission deadlines for claims, and the validity period of the cover)
- [ ] The relevant General Insurance Conditions, Supplementary Conditions, Supplementary Insurance Conditions and any special provisions
- [ ] Information in accordance with Art. 45 of the Insurance Supervision Act (additionally for independent insurance brokers: disclosure of the fee in accordance with Art. 45b of the Insurance Supervision Act)
- [ ] Confirmation that there are no conflicts of interest in accordance with Art. 45a of the Insurance Supervision Act or disclosure of any such conflicts that do exist

DATA PROTECTION

- [ ] The customer received or was provided with access to the Data Protection Declaration.

Special comments:

I/We hereby confirm having been informed thoroughly by the adviser about the points marked in this form and having understood and accepted them fully.

Place/date	Signature of policyholder	Signature of spouse/partner
	Signature of young adult above the age of 18	Signature of young adult above the age of 18
	Name and signature of advisor	

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