Where am I insured?

ÿ They have worldwide insurance coverage.

What are my obligations?

- All questions we ask you in writing before concluding the contract (for example, in the application form) must be answered truthfully and completely.
- Insurance premiums must be paid on time and in full.
- You should report any insurance claim to us immediately.
- You must provide medical proof of the insured event. The insured person or the co-insured child may need to be examined by additional doctors.
- In the event of an insurance claim, we may request the presentation of the insurance policy as well as the submission of further documents, evidence and information.
- In the event of the death of the insured person or the co-insured child, we must be provided with the death certificate and a medical or official certificate stating the cause of death.

When and how do I pay?

The first premium (initial premium) is due when we have accepted your application, but not before the insurance start date of March 1, 2026, as stated in the insurance policy. All subsequent premiums are payable monthly on the following due date during the agreed insurance period until March 1, 2056.

When does the coverage begin and end?

Your insurance coverage begins once we have accepted your application and you have paid the first premium. However, coverage does not begin before the policy start date of March 1, 2026, as stated in the policy. Our obligation to provide benefits may lapse if you fail to pay the premium on time. For certain illnesses, waiting periods of 3 or 6 months apply before coverage begins, as specified in Section 3 A, Paragraph 2 of the policy terms and conditions, or, if the extended health coverage option is selected, as specified in Section 7, Paragraph 1 a) of the policy terms and conditions. Coverage lasts until the end of the agreed policy term on March 1, 2056, or until the death of the insured person.

How can I cancel the contract?

You can terminate the insurance contract at any time at the end of the month by submitting a written declaration. The insurance contract ends upon termination. You are not entitled to a refund of the premiums you have paid. There is no surrender value.

Premium; Costs

Your monthly premium is €50.54. This premium is guaranteed for the entire duration of the insurance policy and will not increase. The only exceptions are if you choose a scheduled increase in benefits or if you request a contract amendment.

Your contract involves costs.
Closing and distribution costs amount to €1,455.55.
In addition, ongoing contract costs accrue during the insurance period. The term of your contract is 30 years. Your annual premium is €606.48. This premium includes monthly ongoing contract costs (administrative costs) of €5.00, totaling €60.00 annually. The acquisition and distribution costs, as well as the ongoing contract costs, are already factored into the premium calculation and will not be billed separately. We use the remaining portion of the premium to cover the risk costs necessary for your insurance coverage. If the premium changes, these costs will also change.

Furthermore, other costs may arise, which we will invoice you for separately:

- Costs incurred due to a failed direct debit payment,
- Costs for medical examinations carried out for the purpose of health checks in the event of our withdrawal before payment of the redemption fee and
- Costs of a reminder notice in case of late payment.

I. Specific information for your critical illness insurance

Part I

In this section I, we provide you with some relevant individual information for your critical illness insurance. To make it easier for you to find this personalized information, we have labeled it "Specific Information for Your Critical Illness Insurance," divided into Part I and Part II.

Information relating to us or the Critical Illness Insurance product in general can be found in section II, "General Information for Your Critical Illness Insurance".
References to paragraphs in the following information refer to the terms and conditions of the Critical Illness Insurance, which are provided to you along with this information and will be provided again upon request.

1. What costs are included in your contribution?
The costs associated with concluding and brokering your insurance contract, such as the costs for consultation, requesting health information, and issuing the insurance certificate, will not be billed to you separately. These costs were

Your premium calculation already takes these costs into account. The ongoing contract costs (administrative costs) and risk costs are also already factored into your premium calculation.

Based on the underlying contract data, the following costs will be incurred for your critical illness insurance:

a) Closing and distribution costs
The total included closing and distribution costs amount to €1,455.55. These costs are primarily used to set up your contract and to cover the resulting expenses incurred by Canada Life.

b) Ongoing contract costs (administrative costs)
Your contract has a term of 30 years. During this term, monthly ongoing contract costs (administrative costs) of €5.00 will be charged, amounting to €60.00 annually.

Your annual contribution amounts to €606.48.

Further information about your contribution can be found in the section "Premium; Costs" in the "Information Sheet on Insurance Products".

c) Risk costs
We use the remaining portion of your contribution to cover the risk costs required for your insurance coverage.

d) Other costs
In individual cases, we may charge you the following additional costs:
- Costs of medical examinations carried out for the purpose of health assessment in the case our withdrawal before payment of the redemption fee (Section 23 Paragraph 2),
- Costs of a reminder in case of late payment (§§ 13 paragraph 3, 23 paragraph 2),
- Costs for the failed payment of a direct debit (§§ 13 paragraph 4, 23 paragraph 2).

These costs currently amount to €15 in each of the listed cases (as of October 1, 2020). They will be collected – if applicable – together with the next contribution payment.

Furthermore, you may incur costs for proving the insured event in accordance with Section 20.

Further information regarding the costs of your critical illness insurance can be found in Section 23 and in the section "Premium; Costs" in the "Information Sheet on Insurance Products".

2. Special Provisions for Children as Insured Persons: Until the insured person's 7th birthday, the death benefit is limited to a maximum of €8,000. Between the insured person's 8th and 15th birthdays, the death benefit is limited to a maximum of €100,000. In the event of a serious illness, our benefit for insured persons up to the age of 15 is limited to a maximum of €150,000. However, it is possible to apply for a higher sum insured for children under the age of 15 when taking out the policy. This avoids a subsequent medical examination after the child reaches the age of 15. The risk assessment at the time of policy conclusion is carried out for the chosen higher sum insured, and the corresponding risk costs are charged from the start of the policy. However, in the event of a claim before the insured child's 15th birthday, the aforementioned maximum payout of €150,000 applies. However, if you wish to increase the sum insured to over €150,000 only after the insured person has reached the age of 15, this will depend on our renewed risk assessment.

The foregoing "Information Sheet on Insurance Products" and the foregoing Section I. "Special Information for Your Critical Illness Care Plan, Part I" is part of the information regarding your critical illness care plan. This information, which we have provided to you in written form, continues in Section I, "Special Information for Your Critical Illness Care Plan, Part II," and Section II, "General Information for Your Critical Illness Care Plan," and together form a single unit.

I. Special information for your

Serious illnesses prevention

Part II

The following information, which we have compiled here under the heading "Specific Information for Your Critical Illness Insurance, Part II" and which we have included in Section II under the heading "General Information for Your Critical Illness Insurance," forms part of the information regarding your Critical Illness Insurance. This information supplements the "Information Sheet on Insurance Products" and Section I, "Specific Information for Your Critical Illness Insurance, Part I." References to paragraphs in the following information
Unless otherwise stated, all terms and conditions refer to the insurance policy terms and conditions for your Critical Illness Insurance from Canada Life, which are provided to you along with this information and will be provided again upon request.

3. Can you make your critical illness insurance premium-free?

Conversion to a contribution-free insurance policy is not possible.

4. Do you participate in any profits?

There is no profit sharing. This also applies to any additional options that may have been agreed upon.

5. Is a surrender value paid upon termination of the contract?

We do not pay out any surrender value upon termination of the contract.

6 To what extent can you reduce your contribution under a contract with ongoing payments?

A contribution reduction is possible for monthly payments, down to a minimum contribution of €10. For quarterly, semi-annual, and annual payments, the minimum amount must be multiplied by 3, 6, and 12, respectively.

This will also reduce the insurance benefit. You can find the exact impact on the insurance benefit in the addendum to your insurance policy, which we will send you.

In the case of a critical illness insurance policy with a single premium payment, a reduction of the premium paid is not possible.

7. How is your critical illness insurance treated for tax purposes?

The following tax information is not exhaustive but merely a simplified overview of the tax treatment and cannot replace tax advice tailored to your individual tax situation. The information provided here is based on German legislation, case law, and administrative practice as of January 1, 2022.

a) Income tax

Contributions to critical illness insurance cannot be deducted as precautionary expenses under Section 10 of the Income Tax Act (EStG).

Canada Life's Critical Illness Insurance does not meet the requirements for a benefit under Section 10a,
Section 82 Paragraph 1 of the German Income Tax Act (EStG) (the so-called "Riester pension"). Therefore, the insurance contract is not suitable for conversion to a contract that meets the necessary Riester requirements.

Payments in the event of a claim are not subject to income tax.

b) Inheritance and gift tax

Claims or benefits are subject to gift or inheritance tax if they are acquired through a gift from the policyholder or, upon the policyholder's death, through inheritance. However, the acquisition remains tax-free to the extent that...
as the allowances according to § 16 of the Inheritance and Gift Tax Act (ErbStG) are not exceeded.

c) Insurance tax

In principle, critical illness insurance is exempt from insurance tax pursuant to Section 4 Paragraph 1 No. 5 Letter b of the Insurance Tax Act (VersStG), provided that these claims serve to provide for the care of the natural person in whom the insured risk materializes (risk person), or for the care of their close relatives within the meaning of Section 7 of the Nursing Care Leave Act (PflegeZG) or of their relatives within the meaning of Section 15 of the Fiscal Code (AO).

If the claims are not intended to provide for the person at risk or close relatives, the premiums are subject to insurance tax in accordance with Section 4 Paragraph 1 No. 5 Letter b of the Insurance Tax Act.

8 additional options “Disability insurance” and “Premium waiver in case of occupational disability”

We would like to point out that the terms occupational and earning incapacity used in the insurance terms and conditions do not correspond to the terms occupational disability or incapacity for work in the social security sense or the term occupational disability as defined in the insurance terms and conditions for daily sickness allowance insurance.

II. General information for your Serious illnesses prevention

References to paragraphs in the following information refer to the insurance terms and conditions for critical illness insurance, which you received in written form before concluding the contract and which will be provided to you again at any time upon request.

1. Who is your contractual partner?

Your contractual partner for critical illness insurance is the

- Canada Life Assurance Europe plc
  German branch
  Hohenzollernring 72
  50672 Cologne

registered in the commercial register of the Cologne District Court under registration number HRB 34058.

Postal address: Canada Life Assurance Europe plc, PO Box 1763, 63237 Neu-Isenburg.

The headquarters of Canada Life Assurance Europe plc is located at 14/15 Lower Abbey Street, Dublin 1, Ireland, registered with the Irish Company Registration Office (the Irish Companies Register) under company registration number 297731.

Canada Life Assurance Europe plc is a life insurance company incorporated under Irish law.

Chief Representative of the German branch: Magnus Baumhauer.

- Customer service
  Tel.: 06102-306-1800
  Fax: 06102-306-1801
  Email: kundenservice@canadalife.de
  www.canadalife.de

2. Which supervisory authorities are there?

Canada Life Assurance Europe plc is subject to the supervision of:

- Federal Financial Supervisory Authority
  (BaFin), Insurance Division
  Graurheindorfer Str. 108, 53117 Bonn
  Tel.: 0228-4108-0
  Fax: 0228-4108-1550

- Central Bank of Ireland
  PO Box 559, Dublin 1, Ireland
  Tel.: +3531-224-6000
  Fax: +3531-671-5550
  www.centralbank.ie

3. How is the insurance contract concluded? When does your insurance coverage begin? Is there a waiting period for applications?

The insurance contract is concluded when you submit an application for critical illness insurance with us and we accept your application. Acceptance typically occurs upon sending the insurance policy.

If the contents of the insurance policy differ from your original application, we will clearly indicate the changes in the policy. We waive any time limit during which you would be bound by your application.

In the event of exclusions or risk surcharges, you will receive an amended offer from us. This offer will also specify the period for which we will be bound by the original offer.

Insurance coverage begins once we have accepted your application and you have paid the first premium (initial premium). However, coverage does not begin before the start date specified in your policy. Coverage may lapse if you fail to pay the initial premium on time. Please also refer to Sections 9 and 18 of your Critical Illness Insurance Terms and Conditions.

4. What are the general terms and conditions of insurance and what are the essential features of the insurance benefit?

The terms and conditions of your critical illness insurance policy from Canada Life, which you received along with this information, apply.

Critical illness insurance provides coverage for serious illnesses defined in the policy terms and conditions, as well as death benefits. For some serious illnesses, there are waiting periods of 3 or 6 months before coverage begins.

You can extend your insurance coverage by agreeing to the following additional options:

- Insurance coverage for additional illnesses via the extended list of illnesses
- Option for reduced benefits for a second insurance claim via the multi-pay option
- Exemption from contributions in case of occupational disability as defined in the policy terms • Incapacity to work as an insured serious illness (incapacity to work protection).

The essential features of the insurance are set out in particular in Sections 1 to 10 of the terms and conditions of the Critical Illness Insurance from Canada Life, which you received in written form before concluding the contract.

5. What additional costs might be incurred?

Beyond the costs mentioned in the section "Premium; Costs" in the "Information Sheet on Insurance Products" and in section I. "Special Information on Your Critical Illness Insurance", item 1, no additional costs will be incurred.

6 Validity period of this information before the start of the insurance policy

The information provided to you hereby prior to application in the “Information Sheet on Insurance Products”, Section I.
"Special Information for Your Critical Illness Insurance" and Section II, "General Information for Your Critical Illness Insurance," are generally valid until the scheduled start of the insurance policy. However, should the insured person's risk-relevant characteristics change before this date, we can provide you with an amended offer. Upon submission of an amended offer, the information provided herein becomes invalid to the extent that it is modified by the offer.

If the contract is concluded as planned, the information will apply for the entire duration of the contract, unless changes are made to the contract.

7. How and by when can you revoke your contractual declaration?

You can cancel your contract for critical illness insurance within 30 days without giving reasons in written form (e.g., in writing, by email, or in another legible form). To meet the deadline, it is sufficient to send the cancellation notice to [address/company name] in a timely manner.

- Canada Life Assurance Europe plc
  German branch office, Neu-Isenburg
  branch
  Siemensstraße 8, 63263 Neu-Isenburg Email:
  kundenservice@canadalife.de

Your cancellation period begins when you receive the insurance policy and the contract terms including the insurance conditions, the further information on the insurance contract (consisting of the "Information Sheet on Insurance Products", Section I. "Special Information for Your Critical Illness Coverage" and this Section II. "General Information for Your Critical Illness Coverage") and a clearly presented instruction on the right of cancellation and the legal consequences of cancellation, each in text form.

You will receive the cancellation policy together with the insurance certificate.

If you revoke your declaration of intent to take out critical illness insurance, the insurance coverage will end, and we will refund you the portion of the premiums attributable to the period after receipt of your revocation, provided you had already agreed to the commencement of coverage before the end of the revocation period. In this case, we are entitled to retain the portion of the premiums attributable to the period up to the receipt of your revocation notice. Depending on the agreed payment method, this amounts to 1/30 of the monthly premium, 1/90 of the quarterly premium, 1/180 of the semi-annual premium, or 1/360 of the annual premium per day.

Refunds will be issued immediately, at the latest 30 days after receipt of your cancellation notice. If the insurance coverage does not begin before the end of the cancellation period, a valid cancellation will result in the return of any benefits received and the surrender of any profits derived from them (e.g., interest). If you did not receive the information regarding your right of cancellation, or if it was not provided in the correct form, we will also refund the premiums paid for the first year of the contract. This does not apply if you have already received benefits from the critical illness insurance.

8. What options do you have to terminate the contract?

You can cancel a critical illness insurance policy with ongoing contributions at the end of the month by submitting a written declaration.

There is no right of cancellation for critical illness insurance policies with a single premium payment.

There is no surrender value. You cannot demand a refund of the contributions you have made.

9 languages

The insurance terms and conditions and all information are written in German. All communication during the term of the contract will also be in German.

10. Arbitration Board

Our company is a member of the Insurance Ombudsman Association. This means that you can regularly use a free, out-of-court dispute resolution procedure after receiving one of our decisions. To do so, you must submit your complaint to the Insurance Ombudsman Association by telephone, in writing, by email, or in any other suitable form. The contact details are:

- Insurance Ombudsman eV
  PO Box 08 06 32, 10006 Berlin
  Tel.: 0800-3696000
  Fax: 0800-3699000
  Email: beschwerde@versicherungsombudsmann.de
  Website: www.versicherungsombudsmann.de

Furthermore, you can also address complaints to the supervisory authorities mentioned above under point 2 of section III. “General information for your Serious Illness Care”.

The possibility of taking legal action remains unaffected.

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Insurance terms and conditions

for your critical illness insurance from Canada Life

Annexes 1–4 are part of these insurance terms and conditions.

For the sake of readability, gender-specific language has been avoided. All personal designations within these insurance terms and conditions (as well as in our pre-contractual information and contract documents) apply to all persons regardless of their gender.

Cross-references refer to these insurance terms and conditions for your critical illness insurance.
Cross-references that refer to appendices
References to other legal texts are marked accordingly. References to laws are based on the version valid on May 1, 2020.

§ 1 What is your critical illness insurance?

1

Their critical illness insurance is a term life insurance policy. It provides coverage if the insured person dies of a critical illness.
Person suffers a serious illness as defined in Annex 1 during the agreed insurance period – Insured person serious
Illnesses – under these insurance conditions or
if the insured person dies during the agreed insurance period.

The insurance period is the time from the start of insurance coverage (§ 9 paragraph 1) to the end of insurance coverage (§ 9 paragraph 3). The agreed insurance period, at the latest upon expiry of which your insurance coverage ends, is stated in your insurance policy.

The contribution payment period corresponds to the insurance period.

2

Up to four additional options can be agreed upon in accordance with Section 7. In certain cases, the insurance coverage from an additional option can also be activated before the expiry of the period relevant to your severity.
Disease prevention measures end at the agreed insurance period.

Your insurance policy indicates whether an additional option according to § 7 has been agreed upon.

3

The insured person is the person whose life or health is covered by the insurance.
There can be one or more insured persons.
Two people can be insured. If two people are insured-
To ensure that each insured person receives adequate insurance coverage, a separate insurance policy with individually insured benefits can be agreed upon.

The insured person is named in the insurance policy.
An insured person is not necessarily the policyholder. The policyholder is the person who...
who applied for the insurance. He is named as such in the insurance certificate. The terms and conditions of the insurance policy.
The stipulated rights and obligations primarily concern the policyholder as our contractual partner.

4

The insurance benefits and the premium payable remain unchanged.
The benefits will generally remain the same throughout the insurance period, unless otherwise stipulated in these insurance terms and conditions and the agreements made with you (e.g., agreed scheduled increases in benefits).

5

Cases in which insurance coverage is excluded are regulated in § 10.

These exclusions also apply to agreed additional options.
Furthermore, separate exclusions apply to the additional option of premium waiver in case of occupational disability (see Section 4 of Annex 3 – Special conditions for premium waiver in case of occupational disability).

In addition, there are specific exclusions and restrictions for individual diseases, which are listed under the definition of the respective insured serious disease in Appendix 1 – Insured Serious Diseases – and, if agreed, in Appendix 2 – Extended List of Diseases.

Your insurance policy may contain further exclusions.

6

For certain diseases, there are waiting periods until the start of insurance coverage according to § 3 A paragraph 2 or, if the additional option Extended Disease Catalog is agreed upon according to § 7 paragraph 1 a) .

§ 2 What insurance coverage can you arrange?

What services do we provide?

1

Our service depends on the level of coverage you have agreed upon with us. When submitting your application, you can choose from one of the following options:

a) Critical illness protection with death benefit (§ 3)

b) Risk life protection with advance payment in the event of a
Life expectancy of less than 12 months (§ 4)

c) Serious illness protection with risk to life protection (§ 5)

d) Risk life protection with accelerated benefit in case of serious
Illness (§ 6)

Children of the insured person are automatically covered under all four options. The scope of coverage for children can be found in the respective terms and conditions for each option.

2

According to § 7, you can agree on the following additional options in conjunction with one of the possibilities described in paragraph 1 :

a) Extended catalog of diseases,

b) Multi-pay option,

c) Exemption from contributions in case of occupational disability and/or

d) Disability protection.

You cannot select the additional options Extended Disease Catalog, Multi-Pay Option and Disability Protection if you have only agreed to the Risk Life Protection according to paragraph 1 b) with us.

3

You can agree on a scheduled increase in the insured benefits in accordance with Section 15 both when applying for the policy and during the insurance period.

4

Unless otherwise agreed in these insurance terms and conditions, the agreed insurance benefit for critical illnesses amounts to the insured benefit for critical illnesses specified in your insurance policy, and the agreed benefit for death amounts to the insured death benefit specified in your insurance policy.

In the event of an agreed scheduled increase in services, the use of the subsequent insurance guarantee or a

For any other changes to your insurance coverage, you will receive an addendum to your insurance policy from us with the then valid insurance benefits and the newly calculated premium.

§ 3 What applies if you have agreed to critical illness protection with us?

A – What applies to the insured person?

If you have agreed to critical illness protection with us in accordance with Section 2 Paragraph 1 a), the following applies:

1

If an insured person develops a specific serious illness as listed in Appendix 1 – Insured Serious Illnesses – during the insurance period, we will provide the agreed insurance benefit for serious illnesses starting on the 15th day after a qualified physician, as defined in Section 20 Paragraph 11, has definitively diagnosed the serious illness. If Appendix 1 – Insured Serious Illnesses –

If a report from a specific doctor is required as proof, the diagnosis of the specific serious illness must have been made by that doctor. If the insured person dies within 14 days of the diagnosis of the serious illness, we will pay the insured death benefit instead of the critical illness benefit.

The insured serious illnesses and the essential

Documents required to prove your eligibility for insurance are defined in Appendix 1 – Insured Persons with Serious Illnesses – to the insurance terms and conditions. Further documentation may be required to process a claim (see Section 20).

2

For the following diseases listed in Annex 1, waiting periods apply until the commencement of insurance coverage, in each case from the relevant date according to Section 9 Paragraph 1:

– For the disease “cancer”, there is a waiting period of 6 months.
names and

– for the disease “coronary bypass surgery”
There is a waiting period of 3 months.

If you increase the insured benefit for critical illnesses during the insurance period in accordance with Section 16, this waiting period applies again to the amount of the increase. No benefit will be paid for an insured event that occurs before the end of the waiting period.

3

If, in the context of an insurance claim, more than one insured serious illness according to Annex 1 – Insured Persons occurs simultaneously In the case of serious illnesses, we only provide the insurance benefit for serious illnesses once.

4

Until an insured person's 14th birthday, the insured benefit for critical illnesses is limited to a maximum of €150,000. However, it is possible to apply for a higher critical illness benefit for children under 14 when taking out the policy. This avoids a subsequent medical examination after the insured person's 14th birthday. The risk assessment at the time of policy conclusion is carried out for the selected higher critical illness benefit, and the corresponding premium is charged from the start of the policy. In the event of a claim before the insured child's 14th birthday, however, the aforementioned maximum payout of €150,000 applies. If you wish to increase the benefit to more than €150,000 after taking out the policy, this will depend on our renewed risk assessment.

5

For the insured serious illness multiple sclerosis, there is an entitlement to a one-time partial payment of the insured benefit for serious illnesses under the conditions set out in Annex 1 – Insured serious illnesses.

If we have made a partial payment, the insured benefit for critical illnesses will be reduced by the amount of this partial payment and there is no entitlement to a further partial payment in respect of this insured critical illness.

The insurance coverage for critical illnesses remains in effect, albeit at a correspondingly reduced level. The premium amount and the amount of the insured death benefit are not affected by the partial payment.

6

If the insured person dies during the insurance period, we will pay the insured death benefit.

7

Critical illness protection including death benefit

Protection for the insured person ends if an insured serious illness is present for which we are required to make a payment in accordance with paragraph 1, unless otherwise provided in these insurance terms and conditions.

This also applies if the additional option of disability insurance is agreed upon and we have agreed the insured benefit for it.

have provided care for serious illnesses.

However, the insurance coverage does not end if a claim for insurance benefits for serious illnesses has arisen from the extended list of illnesses agreed as an additional option pursuant to Section 7 Paragraph 1 a), but continues unchanged in this respect.

The critical illness insurance coverage does not end, but remains in effect to a reduced extent, if, upon the onset of a critical illness, you are entitled to a partial payment of the critical illness insurance benefit, or if you have agreed to the Multi-Pay option as an additional option and we have recognized a first claim for a critical illness as defined in paragraph 1 or a claim arising from the additional option for disability coverage. In this case, the death benefit coverage also remains unchanged.

Critical illness protection including death benefit
Protection ends with the death of the insured person and in the other cases listed in Section 9 Paragraph 3.

B What applies to automatically co-insured children?

1

The biological and adopted children as well as stepchildren (children of the spouse or life partner living in the household of the insured person according to the Law on Registered Life Partnership – LPartG) of the insured person (automatically co-insured children) are covered against insured serious illnesses from the 30th day after birth until their 18th birthday in accordance with the following provisions.
Annex 1 – Insured persons with serious illnesses – are also insured.
As long as the automatically co-insured children live in the household of the insured person and the conditions of Section 32 Paragraphs 4 and 5 of the Income Tax Act (EStG) are met, the insurance coverage continues beyond the 18th birthday of the respective automatically co-insured child, but at the latest until their 25th birthday.

2

If a child who is automatically co-insured suffers a serious illness
Illness as per Annex 1 – Insured persons with serious illnesses –
If the insured child is automatically covered under paragraph 1, and insurance coverage exists, we will provide the insured benefit agreed upon in paragraph 3 starting on the 15th day after a qualified physician, as defined in § 20 paragraph 11, has unequivocally diagnosed the serious illness. However, there is no coverage for the insured serious illness "dependence on a third party," and no death benefit is provided.

Payment is due if the automatically co-insured child dies within 14 days of the diagnosis of the serious illness. If more than one insured serious illness exists for an automatically co-insured child, we will only make one payment. Otherwise, Section 3A, paragraphs 1, 2, and 5 apply accordingly.

3

The insured benefit for an automatically co-insured
Child is the lesser amount of

– 50% of the total insured amount under this insurance contract for the insured persons, insofar as they are parents of the automatically co-insured child, in accordance with Section A
Benefits for serious illnesses or

– 35,000 euros.

In the case of a claim for partial payment for the insured illness
For multiple sclerosis, the insured benefit for an automatically co-insured child is the lower amount of

– 25% of the total insured amount under this insurance contract for the insured persons, insofar as they are parents of the automatically co-insured child, in accordance with Section A
Benefits for serious illnesses or

– 50% of the respective amount of the partial payment applicable to the insured persons, insofar as they are parents of the automatically co-insured child.

4

If more than one child is automatically co-insured, the total of all benefits paid during the policy term is
of the insurance contract for all automatically co-insured children, a maximum of 50% of the total amount in this insurance contract for the insured persons, insofar as they are parents of the automatically co-insured child, will be paid in accordance with

Section A insured benefit for serious illnesses.

5

If we have made a partial payment for the insured serious illness multiple sclerosis, the benefit insured under this Section B, Paragraph 3, Sentence 1 is reduced by this partial payment and there is no entitlement to a further payment.

Partial payment in relation to this insured serious illness.
Critical illness protection for an automatically included
The secured child remains in place to this correspondingly reduced extent.

6

A benefit for an automatically co-insured child has no
Impact on the scope of insured benefits for critical illnesses of the insured person.
The insured person-
The existing insurance coverage is therefore not reduced by a benefit for an automatically co-insured child.

7

All exclusions listed in Section 10 and, where applicable, in your insurance policy apply, with particular attention to the additional exclusions for automatically co-insured persons.
Children are informed in accordance with Section 10 Paragraph 4.

8

Critical illness protection for an automatically co-insured
dear child ends,

a) if the automatically co-insured child has an insured serious illness for which we are required to make a payment under this Section B paragraph 3 sentence 1, but not if there is only an entitlement to a partial payment or an entitlement to a benefit from the additional option Extended Disease Catalogue, or

b) upon termination of critical illness coverage for the insured persons, insofar as they are parents of the automatically co-insured child, in the cases listed in Section 9, paragraph 3. If both parents are insured, the decisive factor is the insured person for whom critical illness coverage lasts longer.

9

There is no death benefit for automatically co-insured persons.
Children under the Critical Illness Protection Scheme.

§ 4 What applies if you have agreed to life insurance with us?

A – What applies to the insured person?

If you have agreed to the risk life protection with us in accordance with Section 2 Paragraph 1 b), the following applies:

1

In the event of the insured person's death during the insurance period, we will pay the insured death benefit listed in your insurance policy.

Until the insured person's 7th birthday, the death benefit is limited to €8,000. Between the insured person's 7th and 14th birthdays, the death benefit is limited to a maximum of €100,000.

2

If, prior to the death of the insured person, it is proven by medical certificates from two independently practicing qualified physicians (§ 20) that, due to an advanced or rapidly progressing incurable illness or injury, the life expectancy of the insured person is less than 12 months, we will pay the death benefit insured at the time the second certificate is issued as an advance death benefit.

3

The life insurance coverage ends upon the death of the insured person and in the other cases listed in Section 9, Paragraph 3.

B What applies to automatically co-insured children?

1

The biological and adopted children, as well as stepchildren (children of the spouse or registered partner living in the insured person's household according to the Registered Partnership Act – LPartG) of an insured person (automatically co-insured children), are co-insured in the event of death from the end of their third month of life until their 18th birthday, subject to the following provisions. As long as the automatically co-insured children live in the insured person's household ...

If a person is alive and the conditions of Section 32, paragraphs 4 and 5 of the Income Tax Act (EStG) are met, the insurance coverage continues beyond the 18th birthday of the respective automatically co-insured child, but no longer than until their 25th birthday. In the event of the death of a child automatically co-insured according to the above provisions, we will provide the benefit insured in paragraph 2.

However, there is no entitlement to an early death benefit under Section A, paragraph 2. Section A, paragraph 1 applies accordingly.

2

The insured benefit for an automatically co-insured
Child is the lesser amount of

a) 50% of the total for the insured persons, insofar as they
The parents of the automatically co-insured child are, in this
Insurance contract insured death benefit or

b) 4,000 euros.

3

If more than one child is automatically co-insured, the total sum of all benefits paid during the term of the insurance contract for all automatically co-insured children shall not exceed 50% of the total death benefit insured in this insurance contract for the insured persons, insofar as they are parents of the automatically co-insured children, in accordance with Section A.

4

A benefit for an automatically co-insured child has no
Impact on the scope of the insured death benefit for the insured person. The best option for the insured person-

The existing insurance coverage is therefore not reduced by a benefit for an automatically co-insured child.

5

All exclusions listed in Section 10 and, where applicable, in your insurance policy apply , with particular attention to the additional exclusions for automatically co-insured persons.

Children are informed in accordance with Section 10 Paragraph 4.

6

The death benefit for automatically co-insured children ends with the end of the risk life insurance for the insured persons.

Persons who are parents of the automatically co-insured child, in the cases listed in Section 9, Paragraph 3. If both parents are insured, the decisive factor is the insured person for whom critical illness coverage lasts longer.

consists.

§ 5 What applies if you have agreed to Critical Illness Coverage with Risk Life Protection with us?

If you have critical illness protection with risk life

If you have agreed to protection under Section 2 Paragraph 1 c) with us, the following applies:

1

In principle, Section 3 (Critical Illness Protection) and Section 4 (Risk Life Protection) apply in full. Deviations from this are detailed in the following section.

sentence 2 described.

2

In the event of an insured serious illness or a
The entitlement to partial payment according to Annex 1 – Insured persons with serious illnesses – does not affect the risk life insurance coverage.
changes exist.

However, the entitlement to the insured death benefit only exists within the framework of the risk life protection according to § 4. § 3 A paragraph 6 does not apply.

§ 6 What applies if you have agreed to life insurance with early payment in case of serious illness with us?

If you have agreed to the risk life insurance with early payment in case of serious illness according to § 2 paragraph 1 d) with us , the following applies:

1

In principle, Section 3 regarding advance payment in case of serious illness and Section 4 regarding life insurance coverage apply in full.

Deviations from this are described in paragraphs 2 to 4 below.

2

In the event of an insured serious illness according to
Annex 1 – Insured critical illnesses – the insured death benefit is reduced by the insured amount payable
Benefits for serious illnesses. However, this does not apply to partial payments for the insured serious illness multiple sclerosis or to benefits for automatically co-insured children.

3

Critical illness protection is void if we are required to provide an advance death benefit in accordance with Section 4 A Paragraph 2.

4

If the death benefit is not higher than the insured benefit for critical illnesses, the risk life protection is void in the event of an insured critical illness.

Paragraph 2, sentence 2 applies accordingly.

§ 7 What additional options can you agree upon and what benefits can you claim as a result?

1

Your critical illness insurance offers the possibility to select the additional options described below when applying.
to be agreed upon. The individual options are not independent supplementary insurance policies, but rather dependent parts of your contract.

a) Extended catalog of diseases

If you have included the Extended Disease Catalog as an additional option, the following applies:

If an insured person suffers from a specific serious illness defined in the Extended Diseases Catalogue during the insurance period , they shall provide

We will pay the insured benefit starting on the 15th day after a qualified physician, as defined in Section 20, Paragraph 11, has unequivocally diagnosed the serious illness. If Appendix 2 – Extended List of Diseases – requires a report from a specific physician as proof, the diagnosis of the specific serious illness must have been made by that physician. If the insured person dies within 14 days of the diagnosis of the serious illness, we will pay the insured death benefit instead of the insurance benefit for serious illnesses from the Extended List of Diseases.

The additional serious illnesses covered under this supplementary option and the essential documents that must be submitted to us to prove their occurrence are listed in Appendix 2 – Extended List of Diseases –

The insurance terms and conditions define the requirements. In order to process a claim, the submission of further documents may be required (§ 20).

The insured benefit for an illness from the extended list of illnesses is the lower amount of

a) the insured benefit for serious illnesses or

b) 25,000 euros.

For the following diseases listed in Annex 2, waiting periods apply until the commencement of insurance coverage, in each case from the relevant date according to Section 9 Paragraph 1:

– For the procedures “angioplasty of the heart” and “transcatheter aortic valve implantation”, there is a waiting period of 3 months and

– for the diseases “Esophageal carcinoma in situ”, “Other low-grade malignant carcinomas”, “Ductal breast carcinoma in situ (DCIS)” and “Low-risk prostate cancer” there is a waiting period of 6 months.

No benefits will be paid for an insurance claim that occurs before the end of the waiting period.

If, in the context of an insurance claim, more than one serious illness covered by the extended list of illnesses is present at the same time, we will only make one payment.

If we have accepted a claim from the extended list of illnesses and paid out a benefit, the insurance coverage from this additional option ends. Otherwise, the insurance coverage agreed upon for your critical illness insurance remains unchanged.

stand.

What applies to children who are automatically co-insured?

Children of an insured person are automatically covered under their policy.

Persons within the meaning of Section 3 B Paragraph 1 are co-insured against the diseases listed in Annex 2 – Extended Catalogue of Diseases – provided that this additional option has been agreed upon for the insured person. If, in the case of a

automatically co-insured child has a serious illness

In accordance with Annex 2 – Extended List of Diseases – if the illness occurs, as long as the insurance coverage for the automatically co-insured child exists, we will provide the insured benefit agreed below from the 15th day after the illness occurs.

A qualified physician within the meaning of Section 20 Paragraph 11 has unequivocally diagnosed the serious illness. If Annex 2 – Extended Catalogue of Diseases – requires a report from a specific physician as proof, the diagnosis of the specific serious illness must have been made by that physician.

The insured benefit for an automatically co-insured
The child is the smaller amount of

– 50% of the respective amount of the insured benefit from the extended list of illnesses applicable to the insured persons, insofar as they are parents of the automatically co-insured child, or

– 12,500 euros.

The restrictions of Section 3 B Paragraph 4 must also be observed here.

For a child who is automatically co-insured, the insurance ends-
Insurance coverage from the extended list of diseases,

– if the automatically co-insured child has a
insured via the extended list of diseases
serious illness for which we have to make a payment, or

– with the termination of insurance coverage under this additional option for the insured persons, insofar as they are parents of the automatically co-insured child. Are
If both parents are insured under this additional option, it depends on the insured person for whom the insurance coverage under this additional option lasts longer.

Relationship to the benefit for an insured serious illness according to § 3

If, in the context of an
insurance claim or due to an event, the definition of one of the insured serious illnesses listed in Annex 1 and at the same time the definition of an insured serious illness from

If the Extended List of Diseases in Annex 2 is fulfilled, there is only an entitlement to a benefit according to § 3.

b) Multi-pay option

You can add the multi-pay option as an extra. The following then applies:

According to § 3 A in conjunction with Annex 1 – Insured persons with serious illnesses – the illnesses are divided into six groups:

– Group 1: Organ failure

– Group 2: Central nervous system

– Group 3: Cardiovascular system

– Group 4: Inflammation

– Group 5: Tumors

– Group 6: Other illnesses/coverages

Contrary to Section 3 A, paragraph 7, the critical illness protection, including death protection, ends for the
insured person in the cases described below
not if there is an insured serious illness for which we are required to make a payment in accordance with Section 3 A Paragraph 1.

– In the case of a first insurance claim for a serious illness from groups 1 to 5, for which we acknowledge a claim for benefits, the insurance coverage ends only for the serious illnesses from the respective group for which we have provided the benefit.

The insurance coverage for serious illnesses from the remaining groups (including group 6) remains at 50% of the agreed insured benefit.

for serious illnesses. The amount of the association-

The death benefit does not change if only the critical illness protection according to §3 or the
Critical illness protection with risk life protection

As agreed in §5. If the term life insurance with accelerated benefit in case of serious illness was agreed in accordance with §6, the death benefit is reduced by the same euro amount as the insured benefit in case of serious illness. The premium will be reduced at the next premium due date, after we have acknowledged the insured event, in accordance with the portion of the premium attributable to the remaining insurance benefit.

If another critical illness insurance claim arises from one of the remaining groups for which we recognize a claim, the critical illness insurance coverage ends.

– If the first insured event for a serious illness, for which we recognize a claim, is a serious illness from Group 6 or occurs as a result of an accident, the insurance coverage ends only for the serious illness for which we have provided benefits. An accident occurs when the insured person is suddenly injured by an external force.

An event affecting their body (accident) results in involuntary injury to their health.

In both cases, insurance coverage for the remaining serious illnesses from all groups 1 to 6 remains in effect at 50% of the agreed insured benefit for serious illnesses. The amount of the agreed-

The death benefit remains unchanged if only critical illness coverage according to §3 or critical illness coverage with term life insurance according to §5 has been agreed upon. If term life insurance with accelerated benefit in the event of critical illness according to §6 has been agreed upon, the death benefit is reduced by the same euro amount as the insured benefit in the event of a critical illness. The premium will be reduced at the next premium payment due date, after we have acknowledged the insured event, in accordance with the portion of the premium attributable to the remaining insurance benefit.

If another insured event for a serious illness occurs for which we recognize a claim, the insurance coverage for serious illnesses ends.

If we have recognized a second insured event and you have agreed to insurance coverage with us in accordance with Section 3, the death benefit also ends in this case. This also applies if you have agreed to insurance coverage with us in accordance with Section 6 and the insured death benefit is lower than the insured benefit for critical illnesses. However, if you have agreed to insurance coverage with us in accordance with Section 5, the insured death benefit remains unchanged.

There is no insurance coverage for children who are automatically co-insured.

Protection against unauthorized use from the multi-pay option.

c) Premium waiver in case of occupational disability The type and scope of insurance coverage for the additional option premium waiver in case of occupational disability are regulated in Annex 3 – Special conditions for the additional option premium waiver in case of occupational disability.

Separate exclusions apply to the additional option of premium waiver in case of occupational disability. These are listed in Section 4 of Appendix 3 – Special Conditions for Premium Waiver in Case of Occupational Disability.

The insurance coverage from the additional option of premium waiver in case of occupational disability ends at the latest at the end of the insurance year in which the insured person reaches their 67th birthday and no extension of the insurance coverage has taken place in accordance with Section 18 Paragraph 3.

There is no insurance coverage for automatically insured children.

Insurance protection from the additional option of premium waiver in case of occupational disability.

d) Disability protection

Incapacity for work of an insured person within the meaning of this Insurance terms and conditions are available if

– the insured person, before reaching the age of 67, was unable to perform any gainful employment for at least 6 consecutive months due to illness, injury or infirmity, which must be medically proven, for more than 3 hours a day, and

– no improvement in the condition is to be expected for at least 18 further months after a confirmed medical diagnosis.

The confirmation or prognosis necessary for the claim to benefits must be final and unambiguous and must include a justification.

The entitlement to benefits also exists if a reliable medical prognosis cannot be made and the described state of incapacity for work has existed and continues for 2 years without interruption.

Incapacity for work within the meaning of these insurance terms and conditions is considered an insured serious illness. Sections 3A, 5, and 6 apply accordingly.

If we have recognized an insurance claim under the disability insurance and provided a benefit, the insurance coverage from this additional option as well as the insurance coverage for serious illnesses according to § 3 A. ends.

Furthermore, the insurance coverage from the additional option of disability protection ends

– at the end of the insurance year in which the insured person reaches their 67th birthday and no extension of insurance coverage has taken place in accordance with Section 18 Paragraph 3, or

– in the event of the loss of critical illness protection for the insured person.

There is no disability insurance for children who are automatically included in the insurance policy.

2

An optional add-on, once agreed upon, can be removed during the insurance period, provided no claim has yet been made under it. In this case, the premium will be reduced at the next premium payment date.

3

The insurance coverage from an agreed-upon supplementary option ends in the cases described within the respective supplementary option. Furthermore, the insurance coverage from a supplementary option ends in any case upon termination of your critical illness insurance in the circumstances specified in Section 9, Paragraph 3.
ten cases.

§ 8 What applies if two people are insured?

1

There is a single insurance contract that cannot be divided between the insured persons.
This applies in particular to the obligation to pay contributions.

2

However, each insured person has separate insurance coverage and a claim for benefits in the event of an insured event. If an insured event occurs for one insured person, the insurance coverage for the other insured person is reduced.

The other insured person is not affected by this. Even if, after a
Insurance claim: insurance coverage for an insured
If the insured person's insurance ends completely, the insurance contract remains in effect with the remaining insured person and the
The premium will be reduced according to the proportion of the premium attributable to the remaining insurance benefit.

3

However, the following special conditions apply:

a) If the premium waiver in case of occupational disability is agreed upon in accordance with Section 7 Paragraph 1 c), the corresponding insurance coverage only applies to the first insured person. Your insurance policy specifies who the first insured person is. Even if the insurance coverage from the additional option of premium waiver in case of occupational disability ends for the first insured person, there is no insurance coverage from this additional option for the remaining insured person.

b) If the scheduled increase of benefits is agreed upon in accordance with Section 15, the scheduled increase ends at the end of the insurance year in which the older insured person reaches the age of 66.

4

The insurance year is defined as the period of one year from the start of the insurance policy shown in the insurance certificate and the years following each anniversary.

§ 9 When does your insurance coverage begin and end?
What are the waiting times?

1

Your insurance coverage begins upon conclusion of the contract, but not before the start date specified in the insurance policy. However, coverage only begins at the stated date if you have paid the first premium (initial premium) on time, as defined in Section 13, Paragraph 1. If you do not pay the premium on time, as defined in Section 13, Paragraph 1, coverage begins at the earliest when you pay the premium.

2

For certain serious illnesses, insurance coverage, contrary to paragraph 1, only begins after a waiting period.

a waiting period of 3 or 6 months, depending on the illness. The specific serious illnesses for which a waiting period applies and its duration are detailed in Section 3 A, Paragraph 2, or, if the extended list of covered illnesses option has been agreed upon, in Section 7, Paragraph 1 a). The respective waiting period begins on the day on which insurance coverage for serious illnesses without a waiting period begins, as per Paragraph 1.

For an insured event that occurs before the end of the waiting period, there is no entitlement to insurance benefits.
If you increase the insured benefit for serious illnesses, this waiting period will apply again to the amount of the increase.
The renewed waiting period does not apply to insurance coverage that existed before the increase.

3

Your insurance coverage ends in the cases specifically regulated in Sections 3 and 4 of these insurance terms and conditions , and in any case upon termination of the insurance contract.

Furthermore, your insurance coverage ends if

a) the insured event has occurred, we have paid the insured benefit and no further insurance coverage has been agreed upon,

b) in the event of termination of the contract,

c) You or we withdraw from or contest the insurance contract (in these cases, the insurance coverage may even be retroactively voided, see Section 11),

d) at the end of the agreed insurance period or

e) upon the death of the insured person.

If two persons are insured, the insurance coverage ends in cases a) and e) only for the respective insured person.

With the end of the insurance coverage, the insurance coverage from any agreed-upon additional options also ends. In certain cases, the insurance coverage from an additional option may also end before the expiry of the period relevant to your severity.
Disease prevention measures end at the agreed insurance period.
This is described in the regulations for the individual additional options in Section 7, Paragraph 1.

4

If your critical illness insurance ends as a result of a termination pursuant to Section 13 Paragraph 3, you can request, within 6 months of the termination of the contract, that your critical illness insurance be reinstated without a new risk assessment under the conditions that existed before the termination of the contract.

However, this does not apply if we terminate your critical illness insurance due to a breach of the pre-contractual duty of disclosure (see Section 11 Paragraph 3).

The conditions for reinstating the treaty are that

– no insured event exists for the insured person at the time of application within the scope of these insurance terms and conditions and

– You must pay all outstanding and due contributions since the date of contract termination and

– the contract had already been in effect for one year before your cancellation has.

In all other cases, you can request a reinstatement of the contract, which we will then decide upon.
In this case, a new health examination is required.
Insurance coverage for the insured benefits resumes on the date of reinstatement. A claim arising during the period between termination of the contract and the resumption of insurance coverage is not covered.

If the insurance contract is reinstated after a successful health check , the waiting periods pursuant to Section 3 A Paragraph 2 or, in the case of an agreement for the additional option Extended Disease Catalogue pursuant to Section 7 Paragraph 1 a) begin again from the date of reinstatement.

§ 10 In which cases is insurance coverage excluded?

1

In principle, we provide coverage for insurance claims that occur during the policy period, regardless of where or how the claim occurred. We also provide insurance coverage if the claim arises during

the insured person or the automatically co-insured person
Child injured while performing military or police duty, or during internal unrest.
Internal unrest exists when a significant portion of the population is agitated in a manner disturbing public peace and order , and commits violence against persons or property.

However, we will not provide coverage if the insured event is for an insured person or an automatically co-insured person.
child has been caused

a) through the intentional commission or attempted commission of a crime or offense by you or an insured person or the automatically co-insured

child;

b) by intentionally causing illness or impairment
forfeiture or intentional self-harm or attempted suicide of the insured person or the automatically co-insured child. However, we will provide coverage if it is proven to us that these acts were committed in a state of pathological disturbance of mental activity that precluded free will;

c) by suicide within 3 years of the commencement of protection or after an increase in protection, relating to the increased portion. However, we will provide compensation if it is proven to us that the suicide was committed in a state of pathological disturbance of mental activity that precluded free will;

d) wholly or partly due to infection with a
HIV immunodeficiency virus or if the insured event is related to an acquired immunodeficiency syndrome (AIDS) or a similar immunodeficiency disease or a related syndrome;

But we will deliver,
– if you purchase Critical Illness Protection with us-
have agreed and the conditions for a benefit in the event of “HIV infection through blood transfusion” or “HIV infection acquired as a result of certain occupational activities” specified in Annex 1 – Insured persons with serious illnesses – to these insurance conditions have been met or

– in the event of death, if it is proven that the HIV infection occurred after the start of protection or, with regard to the increased portion, after the increase in
protection has arisen;

e) from radiation due to nuclear energy. However, we will provide coverage if the insured person or the automatically co-insured child is occupationally exposed to this risk or if radiation therapy was administered for therapeutic purposes by a physician.

2

Our obligation to provide benefits ceases if the insured event occurs with the insured person or the automatically co-insured person.
Child's injury is caused directly or indirectly by war. However, our obligation to provide benefits remains in effect if the insured event occurs at the insured's premises.

person or the automatically co-insured child in immediate-
directly or indirectly related to wartime events to which they were exposed during a stay outside the Federal Republic of Germany and in which they were not actively involved.

Furthermore, we will provide benefits if the insured serious illness was caused during a stay outside the territorial borders of NATO member states and the insured person participated in humanitarian aid or peacekeeping operations as a member of the German Federal Armed Forces, police or federal police with a mandate from NATO, UN, EU or OSCE.

3

Except in the case of death, we do not provide coverage if the insured event is caused by alcohol, drug, or medication addiction or abuse. However, we do provide coverage if the medication that led to the addiction was prescribed by a qualified physician and taken under their supervision.

4

The following additional exclusions apply to automatically co-insured children:

a) We do not provide coverage if the insured event occurs during a covered-secured serious illness resulting from a health condition diagnosed before the 30th day after the child's birth, or if this diagnosis was known or should have been known to a parent or legal guardian at the time of the adoption or subsequent adoption.

b) We do not provide benefits in the event of death if the death was caused by a medical condition diagnosed before the end of the child's third month of life, or if this diagnosis was known or should have been known to a parent or legal guardian at the time of the conclusion of the contract or in the case of subsequent adoption.

had to.

c) The exclusions for automatically co-insured children mentioned under a) and b) of this paragraph apply accordingly if the child is a stepchild and the diagnosis is

biological parent or the insured person in the case of insurance
The insured person was or should have been aware of the biological parent of the co-insured child at the time of the marriage, or at the time of the subsequent marriage.
had to.

5

Separate exclusions apply to the additional option of premium waiver in case of occupational disability . These are listed in Section 4 of Appendix 3 – Special Conditions for Premium Waiver in Case of Occupational Disability.

6

Furthermore, there are specific exclusions and limitations for individual illnesses. These exclusions and limitations are listed under the definition of the respective insured serious illness in Appendix 1 – Insured Serious Illnesses – or Appendix 2 – Extended List of Illnesses – to these insurance terms and conditions.

§ 11 What is the significance of the [unclear] we [unclear] Questions asked when concluding the contract, especially in the insurance application? What do you need to be aware of regarding the pre-contractual duty of disclosure?

1. Pre-contractual disclosure obligation

We provide insurance coverage on the assumption that you have answered all questions posed to you in writing prior to the conclusion of the contract truthfully and completely (pre-contractual duty of disclosure). This applies in particular to questions about current or past illnesses, health problems, and complaints. This duty of disclosure also applies to questions we ask you in writing after you have submitted your application but before we accept your offer.

If the serious illnesses and/or the life of another person or two persons are to be insured, these persons – in addition to you – are also responsible for the truthful and complete
Responsible for answering the questions.

2. Resignation

a) If circumstances that are relevant to the assumption of insurance coverage are caused by you or the insured
If the person (see paragraph 1) has not been identified or has been incorrectly identified , we may withdraw from the contract. This does not apply if it is proven that the pre-contractual duty of disclosure was neither intentionally nor grossly negligently breached. In the case of a grossly negligent breach of the pre-contractual duty of disclosure, we have no right of withdrawal if it is proven that we would have concluded the contract even if we had been aware of the undisclosed circumstances, albeit under different conditions.

b) In the event of cancellation, there is generally no insurance coverage. If we have declared the cancellation after the occurrence of the insured event, our obligation to provide benefits remains in effect for the
However, an insurance claim will only be valid if it is proven that the undisclosed or incorrectly disclosed circumstance was neither the cause of the occurrence or determination of the insured event nor of the determination or extent of our obligation to provide benefits. If you have fraudulently violated your duty to disclose, we are not obligated to provide benefits.

c) You cannot demand a refund of contributions paid for the contract period before the cancellation became effective.

3 Termination

a) If our right of withdrawal is excluded because the breach of the pre-contractual duty of disclosure was based neither on intent nor on gross negligence, we may terminate the contract subject to a notice period of one month.

If you are not responsible for the breach of the notification obligation, we will waive our right to terminate the contract.

b) We have no right of termination if it is proven that we would have concluded the contract even if we had been aware of the undisclosed circumstances, albeit under different conditions.

4 Retroactive contract adjustment

a) If we cannot withdraw from or terminate the contract because we would have entered into it even if aware of the undisclosed circumstances, albeit under different conditions, the other conditions will become part of the contract retroactively at our request. Such a retroactive contract adjustment may lead to a retroactive premium increase or a retroactive exclusion of coverage for the undisclosed circumstance and, to that extent, to the loss of insurance coverage for past and future claims.

If you are not responsible for the breach of the notification obligation, we waive our right to have the other conditions become part of the contract.

b) If the premium increases by more than 10% due to the contract adjustment, or if we exclude insurance coverage for the undisclosed circumstance, you may terminate the contract without notice within one month of receiving our notification. We will inform you of your right of termination in the notification.

5. Exercising our rights

a) Our rights to withdraw from, terminate, or adjust the contract are only valid if we have informed you separately in writing of the consequences of a breach of the notification obligation. We must assert our rights in writing within one month. This period begins when we become aware of the breach of the notification obligation that gives rise to the right we are asserting. When exercising our rights

We must state the circumstances on which we base our declaration. Within the aforementioned one-month period, we may state further circumstances to substantiate our declaration.

b) We cannot invoke the rights of withdrawal, termination and contract adjustment if we were aware of the undisclosed circumstance or the inaccuracy of the disclosure .

c) We can only exercise the aforementioned rights within 5 years of the conclusion of the contract. This does not apply to insurance claims that arose before the expiry of this period. If you have intentionally or fraudulently violated the notification obligation, the period is 10 years.

6. Appeal

We can also contest the insurance contract if our acceptance decision was deliberately and intentionally influenced by incorrect or incomplete information (so-called fraudulent misrepresentation). If the information in question was provided by the insured person, we can declare the contestation to you even if you were unaware of the breach of the pre-contractual duty of disclosure. Paragraph 2(c) applies accordingly.

7. Extension of benefits/restoration of insurance coverage

Paragraphs 1 to 6 apply accordingly in the event of a change that expands our obligation to provide benefits or in the event of a reinstatement of the insurance. The time limits according to paragraph 5(c) begin to run anew with the change or reinstatement of the insurance with regard to the changed or reinstated part.

8 Recipients of the declaration

Our rights are exercised by means of a written declaration, which must be submitted to you. Unless you have designated another person as your authorized representative, a beneficiary will be deemed authorized to receive this declaration upon your death. If no beneficiary exists or their whereabouts cannot be determined,

If so, we can consider the holder of the insurance policy as authorized to receive the declaration.

§ 12 Do you have to pay us a subsequent increase Disclose the risk?

You are not obliged to inform us of an increase in risk (e.g., due to taking up a new profession, starting to smoke, or engaging in a new leisure activity) after the commencement of insurance in accordance with Sections 23 to 27 of the Insurance Contract Act (VVG), unless we are conducting a new risk assessment (e.g., in the case of contract changes).

However, the notification obligation pursuant to Section 10 Paragraph 5 remains unaffected.

§ 13 What do you need to consider when paying contributions?

What happens if you don't pay a contribution on time?

1

The first premium (initial premium) is due upon our acceptance of your application, but not before the policy start date specified in your insurance certificate. Subsequent premiums for your insurance contract can be paid monthly, quarterly, semi-annually, or annually, depending on your agreement.

The due date for each subsequent contribution is calculated from the due date of the initial contribution. Subsequent contributions are payable during the agreed contribution payment period.

Your contribution payment is on time if you do everything you can to ensure that the contribution reaches us immediately upon the due date.

If you have given us a SEPA direct debit mandate, we will collect the respective payments due after acceptance of the contract.

2

If you do not pay the redemption fee or do not pay it on time , we may withdraw from the contract – as long as payment has not been made .

If the redemption premium has not yet been paid when the insured event occurs, there is no obligation to provide benefits. This does not apply if it can be proven that you are not responsible for the late payment. In the event of cancellation, we may charge you for the costs of any medical examinations carried out for the health assessment.

3

If a subsequent premium or any other amount you owe under the insurance contract has not been paid, not paid on time, or could not be collected, we will send you a written reminder at your expense. This reminder will give you a payment deadline of at least two weeks.

If you do not settle the outstanding amount within the set deadline and are unable to pay when the insurance claim arises,

If you are in arrears with your premiums, your insurance coverage will lapse. After the payment deadline has passed, we may terminate the contract without notice if you are in default of payment. We will explicitly inform you of the legal consequences in the payment reminder.

4

If we have a SEPA direct debit mandate on file, your payments will be treated as if they had been made on the respective due date, unless the direct debit is not honored.
If the outstanding amount could not be collected by us through no fault of your own, payment is still considered timely if it is made immediately (without undue delay) after our written payment request. If a direct debit is not honored, we are entitled, but not obligated, to make further collection attempts . If your bank rejects a

If a direct debit is refused, we may charge you for the associated costs. This will usually be included with your next payment.

5

If you have applied for benefits, you must continue to pay the full amount of contributions until the determination of the insured event (Section 20 Paragraph 10), unless we have assumed the obligation to pay contributions due to occupational disability for you, if agreed.

6

Once an insured event has been confirmed, the obligation to pay premiums only applies if further coverage exists and we have not assumed the obligation to pay premiums for occupational disability, if agreed upon. If no obligation to pay premiums exists after the insured event has been confirmed and we have received premiums from you since the occurrence of the insured event, we will refund these to you.

7

Outstanding contributions can be offset against benefits.

§ 14 Can you change the payment method or contribution amount?

1

You can change the payment method specified in your insurance policy , provided that, under the new payment method, a premium payment is still due on an anniversary of the insurance start date specified in your insurance policy, and you choose a monthly, quarterly, semi-annual or annual payment method.

If you choose a different payment method, your contribution will be recalculated using the calculation basis applicable to your contract, and the new contribution will be communicated to you.

2

If you wish to change your payment method, you must notify us in writing at least one month before the desired date of the change, specifying the new payment method you require. The new payment method will then take effect on that due date.

3

You can only change the premium amount stated in your insurance policy within the framework of Section 16.

§ 15 What applies if you have agreed to a scheduled increase in benefits with us?

1

You can choose an annual scheduled increase in benefits of between 1% and 10% (in 1% increments) both when applying for the policy and during the insurance period .

In addition, you can set a previously agreed percentage for
a planned increase during the insurance period
The framework of sentence 1 can be changed arbitrarily within a range between 1% and 10% (in 1% increments) or to the planned
Forego the increase entirely.

In the event of a subsequent inclusion or a subsequent change to the scheduled increase, the first scheduled increase or the first amended scheduled increase will take place on the anniversary of the insurance start date following receipt of your corresponding notification.

If you have agreed to a scheduled increase in benefits with us, these will increase by the agreed percentage on each anniversary of the policy start date. When the insurance benefit increases, the premium also increases. The premium increase is calculated based on the increased portion of the insurance benefit according to the actuarial principles in effect at the time the contract was concluded. In doing so, we take into account the insured person's age, the remaining policy term at the time of the increase, and any risk factors existing at the time the contract was concluded.

Due to a scheduled increase, the coverage provided under any agreed-upon additional option will also increase . We do not require a new risk assessment for this increased protection. The scheduled increase does not restart the time limits for any potential breach of the pre-contractual disclosure obligation.

2

The scheduled increase will be retroactively cancelled for the corresponding increase period if you object to it within two weeks of the scheduled increase date (the anniversary of the policy start date stated in the insurance certificate) or if you fail to pay the first increased premium for the corresponding increase period within two months of the scheduled increase date. You may object to the increases as often as you like.

3

We will inform you in writing about this increase, the new contribution and your right to object in good time before each scheduled increase.

4

In the event of an insured event after which further insurance coverage exists, the scheduled increase will apply with regard to the possibly reduced insured benefit(s) .

5

The total of all benefits covered by critical illness insurance for the insured person may not exceed 300% of the benefits covered at the start of the insurance or after an increase in accordance with Sections 15 to 17.

be.

6

The scheduled increase ends definitively – with full payment of the benefit for an insured person.
serious illness,
– upon the occurrence of the insured event from the additional option
premium waiver in case of occupational disability (§ 7 paragraph 1 c)),
– at the end of the insurance year in which the insured person or the older insured person reaches the age of 66 or

– upon the death of an insured person.

The last scheduled increase takes place 5 years before the end of the agreed insurance period.

7

All agreements made for your insurance contract
This also extends to the portions attributable to planned increases.

§ 16 Can you change the agreed insurance coverage? Can you change the premium amount without changing the insurance coverage?

1

You may request a change to the amount of existing insurance coverage at any time within the limits specified in paragraphs 6 to 8 below.

An increase in death benefit coverage is only possible if you have agreed to the Risk Life Protection (§§ 4 to 6) with us.

You cannot request a change to the insurance coverage for children who are automatically included in the policy. However, a change to the coverage for the insured person may result in a change to their coverage.

2

You can extend the agreed insurance period in accordance with Section 18 at any time, even simultaneously with a change in the amount of existing insurance coverage.

3

If you do not meet the requirements of our subsequent insurance guarantee (§ 17), our approval of a requested increase in insurance coverage, but not a change in the insurance period according to § 18, depends on our

Assessment after a renewed risk assessment.

4

You cannot increase the premium amount without increasing the insurance coverage.

The increased portion of the contract is subject to the calculation principles and insurance terms and conditions valid at the time of the increase.

Risk premiums or special agreements agreed upon for the contract to be increased also apply to the contract parts resulting from the increase.

5

A requested change pursuant to this Section 16 will be implemented at the next
Your payment will be due on the date of our written confirmation or approval.

6

The following minimum contributions or minimum changes in the contribution amount must be observed for the respective payment method:

Payment method	Minimum contribution in total	Minimum change in contribution amount
Monthly	10 €	3 €
Quarterly	30 €	€9
Semi-annually	60 €	18 €
Yearly	120 €	36 €

7

If you have agreed to the risk life insurance with early payment in case of serious illness (§ 6) with us, the insured benefit for serious illnesses may not exceed the insured death benefit.

8

For the entire insurance coverage that applies to an insured
If a person is covered by existing insurance contracts with us , the following maximum and minimum limits apply:

type of insured Performance	Maximum limit	Minimum limit
Insured persons Death- perfomance	€5,000,000	€10,000
Insured persons Performance for heavy loads Diseases	€1,000,000	€10,000

Deviations from this are only possible within the framework of a separate agreement.

§ 17 When can you increase your coverage without a new risk assessment (guaranteed insurability)?

1

Within the framework of the following paragraphs, you can specify the requirements for a
The insured person can increase their existing insurance coverage as often as they like during the policy period for each event without a new risk assessment (guaranteed insurability). If several of the events listed in paragraph 2 occur simultaneously in connection with a personal event, the guaranteed insurability can still only be claimed once for that personal event.

2

The subsequent insurance guarantee applies to:

a) Marriage of the insured person, whereby the marriage of a former spouse or civil partner is excluded in the case of a former civil partnership under the Civil Partnership Act (LPartG);

The marriage certificate must be submitted as proof;

The increase in the insured benefit is limited to the lower amount of 100,000 euros or 50% of the benefit insured up to that point in this insurance contract;

b) legally valid divorce or dissolution under the Civil Partnership Act; the divorce or dissolution certificate must be submitted as proof; the increase in the insured benefit is limited to the lower amount.

of 100,000 euros or 50% of the benefit insured up to that point in this insurance contract;

c) Birth or adoption of a child of the insured person; the birth certificate or the official adoption decree must be submitted as proof;

The increase in the insured benefit is limited to the lower amount of 25,000 euros or 25% of the benefit insured up to that point in this insurance contract;

d) Acquisition of ownership of a property for the insured person's own residential purposes; an official land register extract must be submitted as proof; the increase in the insured benefit is limited to the lower amount of 100,000 euros or 50% of the benefit insured up to that point in this insurance contract;

e) Conclusion of financing by the insured person when taking out or increasing a loan secured by a mortgage; for businesses, the same applies to a business loan; the increase in the insured benefit is limited to the lower amount of EUR 100,000 or 50% of the benefit insured up to that point in this insurance contract;

f) the first commencement of self-employment by the insured person, provided that membership in the relevant chamber is proven; the increase in the insured benefit is limited to the lower amount of EUR 25,000 or 25% of the benefit insured up to that point in this insurance contract;

g) a sustainable increase in the gross annual income of non-self-employed insured persons by at least 10% in the
Comparison to the previous year's income;

Proof must include confirmation from the employer regarding the date and amount of the salary increase, as well as a payslip;

The increase in the insured benefit is limited to the lower amount of five times the increase of the
annual salary or 25% of the benefit insured up to that point in this insurance contract;

h) Increase in the value of a business in which the insured person has an economic interest; as proof, confirmation from an independent auditor or tax advisor that the value of the insured person's interest in the business has increased since the beginning of the last insurance year must be submitted; the increase in the insured benefit is limited to the lesser of the increase in value of EUR 100,000 or 50% of the benefit insured up to that point in this insurance contract;

l) increased coverage requirements of the key person insurance to protect against the loss a company may face in the event of the death or serious illness of the insured person; as proof, confirmation from an independent auditor or tax advisor that the coverage requirement has increased since the beginning of the last insurance year must be submitted; the increase in the insured benefit is limited to the lesser of the amount of an increase in value of EUR 100,000 or 50% of the benefit previously insured in this insurance contract;

j) Cessation of compulsory insurance for the insured person in the statutory pension insurance scheme, provided this is proven by appropriate documentation; the increase in the insured benefit is limited to the lower amount of EUR 100,000 or 50% of the benefit insured up to that point in this insurance contract;

k) The insured person reaches the age of majority; the increase in the insured benefit is limited to the lower amount of EUR 100,000 or 50% of the benefit insured up to that point in this insurance contract;

l) Completion of a professional qualification (e.g. completion of a recognized apprenticeship, master craftsman's certificate, doctorate) by the insured person;

This must be proven by submitting the relevant document ; the increase in the insured benefit is limited to the lower amount of 100,000 euros or 50% of the benefit insured up to that point in this insurance contract;

m) Death of the spouse or registered civil partner of the insured person; the death certificate serves as proof.
to be submitted; the increase in the insured benefit is limited to the lower amount of 100,000 euros or 50% of the benefit insured up to that point in this insurance contract ;

n) irrespective of any of the aforementioned events, on the 5th and 10th anniversaries of the commencement of the insurance; the increase in the insured benefit is limited to the lesser amount of EUR 25,000 or 25% of the benefit insured up to that point in this insurance contract.

3

The maximum total amount of all increases, whether to the insured critical illness benefit or the insured death benefit, that can be made under the supplementary insurance guarantee in all existing critical illness insurance contracts with us for the insured person is €150,000. Furthermore, the total amount of all benefits insured under the critical illness plan for the insured person may not exceed 300% of the benefits insured at the start of the insurance or after an increase pursuant to Sections 15 to 17.

4

The supplementary insurance guarantee requires, at the time of the increase, that

a) send us your notification in written form regarding a desired increase-
The notification of entitlement to insurance coverage must be received within 6 months of the occurrence of the respective event, together with suitable evidence (the decisive factor is the
Your message will be sent in text form via the requested Increase; if this deadline is missed, a review of
Increasing your insurance coverage will require a new risk assessment);

b) the insured person is not older than 55 years, in the
In the cases referred to in paragraphs 1(e), (h) and (i), the person is not older than 60 years;

c) all contributions due up to the time of the increase have been paid became;

d) we do not provide any benefit due to occupational disability within the meaning of these terms and conditions or have not provided any benefit due to incapacity for work within the meaning of these terms and conditions ;

e) the insured event for which the benefit is to be increased has not yet occurred or, to your knowledge, its occurrence is not expected.
or not prior to the insured person's knowledge.
is visible and

f) no benefits have yet been claimed from the Critical Illness Insurance scheme.

5

In addition, the following further restrictions apply:

– An increase in death benefit coverage is excluded if the insured person already meets the prerequisites-
Applications for an advance death benefit pursuant to Section 4 Paragraph 2 are available.

– An increase in critical illness protection is excluded if benefits could be claimed based on the diagnosis of one of the insured critical illnesses.

– The option of a subsequent insurance guarantee can be found in the last 5 years before the agreed end of the insurance-
The exercise period can no longer be exercised.

6

The same insurance terms and conditions, calculation principles, and all other agreements applicable to the existing part of the contract will apply to the increase. Risk surcharges or special agreements agreed upon for the contract being increased will therefore also apply to the contract parts resulting from the increase.

7

Waiting periods for certain serious illnesses begin again for the increased portion of the insured benefit for serious illnesses from the time of the increase.

§ 18 When can you extend your insurance coverage without a new health check (extension option)?

1

You can apply to extend your insurance coverage without a new health check up to 5 years before the agreed expiry date of your policy . This extension option can be used up to three times during the policy term. Each extension is for up to 50 additional years, but no later than the end of the policy year in which the insured person turns 75.

2

An extension of the insurance period is possible under the following conditions:
Possible conditions:

– The insured person is not older than 50 years at the time of exercising the extension option.

– An insurance claim has not yet occurred, or there are
I have not yet applied for any benefits.

3

The insurance coverage from any agreed-upon additional options, such as premium waiver in case of occupational disability (§ 7 paragraph 1 c)) and incapacity for work protection (§ 7 paragraph 1 d)), ends no later than the end of the insurance year in which the insured person reaches their 67th birthday. In the event of

Due to the increase in the standard retirement age in the statutory pension insurance scheme, you can extend the insurance coverage from these two additional options once, provided the association-

The standard insurance period for your critical illness insurance will not be exceeded. You can request such an extension within 12 months of the legal amendment coming into effect.

4

The new contribution after an extension is calculated taking into account the following facts:

– the contract applicable at the time of exercising the right to withdraw from the contract
Extension option valid tariff,
– the age reached by the insured at that time
Person,
– the remaining insurance period (including extensions-
runtime)
and
– a contribution that may have been agreed upon at the time of contract conclusion-
surcharge.

5

Agreed limitations on benefits also apply to the additional insurance period.

§ 19 Can you suspend or cancel your insurance contract? What are the legal consequences of a dismissal?

1

Conversion to a contribution-free insurance policy is not possible.

2

You can cancel your insurance contract at any time at the end of the month by submitting a written declaration. The contract ends upon cancellation.

You are not entitled to a refund of contributions paid for the period prior to the effective date of termination. No surrender value will be charged.

§ 20 What do you need to consider if you want to receive a benefit? What consequences can you expect if you fail to comply with your duty to cooperate?

1

You should notify us immediately (i.e., without undue delay) as soon as you have the impression that an insurance claim may have occurred, so that the claim can be processed quickly.

2

The documents and evidence you need to submit depend on the type of insurance claim you wish to make.
Unless explicitly stated otherwise, original copies of the relevant documents must generally be submitted to us. Documents and evidence that must be submitted to us for a specific insurance claim are listed below in paragraphs 3 to 6 for each claim.

In addition to the documents and evidence listed in paragraphs 3 to 6, we may make payment of a benefit dependent on the submission of the following further documents:

a) your insurance policy,

b) an official birth certificate of the insured person or of the automatically co-insured child, for whom
You are claiming an insurance benefit, and

c) proof of the adoption of an automatically co- insured child for whom you are claiming an insurance benefit,

d) a marriage certificate of the insured person as well as registration certificates for the insured person and the stepchild for whom an insurance benefit is being claimed.

Foreign language documents must be submitted with a certified German translation upon request.

To clarify our obligation to provide benefits, we may request further necessary documentation or examinations at our expense, in addition to the documents and evidence expressly stated. We may require the insured person or their automatically co-insured child to undergo examinations by physicians or experts commissioned by us.

leaves.

3

When claiming a death benefit, the following must be submitted to us for the insured person or the automatically co-insured child:

a) an official death certificate containing the date and place of death and

b) a detailed certificate, issued by a qualified physician or an official, stating the cause of death and, where applicable, the onset and course of the illness that led to the death
has led to death;

c) After the death of the policyholder, the person who claims to be the legal successor of the policyholder must provide us with suitable proof of their entitlement to inheritance;

If, for example, we are presented with a certificate of inheritance, a certified copy, or a certified transcript of the last will and testament (will, inheritance contract) along with the corresponding record of its opening, we may consider the person named therein as heir or executor as the entitled party, allow them to dispose of the estate, and, in particular, make payments to them with legally binding effect; this does not apply if we know that the person named therein is not entitled to dispose of the estate (e.g., after contestation or due to the invalidity of the will) or if we have failed to become aware of this due to negligence; documents in foreign languages must be submitted with a certified German translation upon request;

d) proof of adoption of an automatically co-insured child;

e) Marriage certificate of the insured person and registration certificates for the insured person and the stepchild for whom an insurance benefit is being claimed.

4

If an early death benefit is claimed, the medical certificates described in Section 4 A Paragraph 2 must be submitted to us, from which the nature of the illness, the state of health and the life expectancy of the insured person can be seen.

5

When benefits are paid due to an insured serious illness,
If you are claiming incapacity for work or need for care , you are initially required to provide us with the following information at your own expense so that we can begin the benefits assessment:

– Medical report questionnaire (provided by us);

– the documents listed in the definition of the respective serious illness in Annex 1 or, if the additional option Extended Catalogue of Diseases has been agreed, in Annex 2;

– additional health insurance information regarding the illness for which benefits are being requested, its course, and the treatment received.

A diagnosis necessary for entitlement to benefits or
Confirmation must be final and unambiguous and, where applicable, also include the justifications or tests we have expressly requested. Where specific details are provided in the definitions...
Documents mentioned must be attached to the diagnosis or confirmation.

Please note that the performance review is conducted in consultation with you. This means that we cannot request all documents from you or third parties at once, but only those documents required for the current stage of the review . Therefore, we may need to request further documents from you during the review process . We will not request any documents from you that are not necessary for the current review.

6

We will cover the costs of any further examinations that may be necessary, conducted by doctors commissioned by us.

If the insured person or the automatically co-insured person remains
If a child is cared for abroad, we can require that the necessary medical examinations be carried out in Germany. We will cover necessary travel and accommodation costs. However, travel expenses will be reimbursed only up to the cost of a 2nd class train ticket or an economy class flight. Accommodation costs will be reimbursed up to a maximum of €75 per night. Examinations in

We can do without Germany if these investigations
on site according to the principles we apply in Germany.

7

In addition, if a benefit for exemption from contributions in the event of occupational disability is claimed, Sections 5 and 8 of Annex 3 – Special Conditions for the Additional Option Exemption from Contributions in the Event of Occupational Disability – shall apply.

8

In order to provide the necessary information, the insured person or the automatically co-insured child or a parent or the guardian of the child has the option of submitting a general declaration of release from confidentiality or individual declarations of release for the respective inquiries.

9

The notification and disclosure obligations pursuant to paragraphs 1 to 6 shall apply accordingly to the beneficiary.

10

After reviewing the documents submitted to us and those we have obtained, we will declare whether and, if so, from which date we acknowledge an obligation to provide benefits. This date is considered the date on which the insured event was determined.

11

Qualified physicians within the meaning of these insurance terms and conditions and the appendices are physicians or specialists who hold a valid state license to practice medicine in one of the following states:

We recognize physicians who are board-certified specialists and active members of the medical association of their country of residence: EU member states, Australia, Iceland, Canada, Liechtenstein, New Zealand, Norway, Switzerland, and the USA. Upon request, we can also recognize physicians licensed in another country and members of the corresponding medical association as qualified doctors.

12

If a duty to cooperate (obligation) that must be fulfilled after the occurrence of an insured event is intentionally violated, we are released from our obligation to provide benefits for that insured event. In the case of gross negligence, we have the right to reduce our benefits in accordance with the degree of fault.

If you can prove that the obligation was not breached through gross negligence, our obligation to perform remains in effect. Our obligation to perform also remains in effect if it is proven to us that the breach had no impact on the determination or scope of our obligation to perform.

In the event of a claim, we will inform you separately about this regulation. Full or partial exemption from liability only applies if we have notified you of this legal consequence in writing. In cases of fraudulent intent, we are generally exempt from liability.

§ 21 Statute of Limitations

Claims arising from the insurance contract expire after 3 years.
The limitation period begins at the end of the year in which performance can first be demanded and the entitled party has gained knowledge of the circumstances giving rise to the claim and of the debtor, or should have gained such knowledge without gross negligence. Regardless of knowledge or grossly negligent lack of knowledge, all claims become time-barred within the following year.

10 years.

If the claim arising from the contract has been registered with us, the limitation period is suspended until the point in time at which our decision is received by the claimant in text form.

§ 22 What must be taken into account when services are provided?

1

Any benefits received unlawfully must be repaid to us.

2

In the case of an agreement for the additional option of premium waiver in the event of occupational disability (§ 7 paragraph 1 c)), §§ 7 and 8 of Annex 3 – Special conditions for the additional option of premium waiver in the event of occupational disability also apply.

3

We will make payments to you as our policyholder if you have not designated another person as the beneficiary in the event of a claim. If you, as the policyholder, are also the insured person, we will pay your heirs upon your death. If no beneficiary is known or we cannot determine their whereabouts, we are permitted to pay the holder of the policy.

4

We will transfer the insured benefit exclusively in euros to the bank account designated by the recipient. If we are to transfer the benefit to a bank account outside the European Economic Area, the recipient will bear the associated costs and risks.

§ 23 How are the closing and distribution costs collected?

What other costs will be incurred?

1

Costs arise when concluding insurance contracts and during their term. These costs are associated with the conclusion and the

Costs associated with arranging your insurance contract, such as consultation fees, requesting health information, and issuing the policy, will not be billed to you separately. These costs have already been factored into your premium calculation.

The ongoing contract costs (administrative costs) and risk costs are already included in the calculation of your premiums. Please see the section "Premium; Costs" in the "Information Sheet on Insurance Products," which you received with the pre-contract information, for details.

have received a conclusion.

2

In individual cases, we may charge you the following additional costs:

– Costs of medical examinations carried out for the purpose of health checks in the event of our withdrawal before payment of the redemption fee

– Costs of a reminder notice in case of late payment pursuant to Section 13 Paragraph 3

– Costs of a failed direct debit payment according to Section 13, paragraph 4

These costs currently amount to €15 in each of the listed cases (as of October 1, 2020). They are regularly collected together with the next contribution payment.

Furthermore, you may incur costs for providing proof of
An insurance claim arises in accordance with Section 20.

§ 24 When will your declarations and Are notifications concerning critical illness insurance effective? What formal requirements apply? To whom can they be handed in?

What disclosure obligations do you have?

1

Your statements and communications regarding your serious illnesses
Any changes to your insurance policy will only become effective once they are submitted in writing and have been received by us. This also applies to changes of your name or postal address, as well as any changes to other parties involved, such as the insured person(s).

However, sentence 1 does not apply to your right of withdrawal; we informed you separately about its conditions and legal consequences before and at the time of conclusion of the contract.

2

If we are legally obligated to collect, store, process, and report information and data relating to your contract, you must provide us with the necessary information, data, and documents immediately upon conclusion of the contract, upon amendment of the contract after its conclusion, or upon request – i.e., without undue delay. You are also obligated to cooperate to the extent that the status of third parties who have rights to your contract is relevant for data collection and reporting.

Necessary information includes, for example, circumstances relevant to the assessment.
– your personal tax residence,
– the tax residence of third parties, the rights have their contract, and
– the tax residence of the recipient of the service- can be giving .

This includes in particular German or foreign
Tax identification number(s), date of birth, place of birth and residence.

If you fail to provide us with the necessary information, data, and documents, or fail to do so in a timely manner, the following applies: If legally obligated to do so, we will report your contract data to the relevant domestic or foreign tax authorities. This also applies even if you do not have tax residency abroad.

Failure to provide the information you are required to do, as described in paragraph 2, may result in us withholding payment for our services. This will continue until you provide us with the information necessary to fulfill our legal obligations.

§ 25 Are you involved in any surpluses?

Profit sharing is excluded.

This also applies to any additional options that may have been agreed upon.

§ 26 Connection option for automatic Co-insured children for their own Serious illnesses prevention (Child connection option)

1

If the insurance coverage for an automatically co-insured child within the meaning of Section 3 B Paragraph 1 or Section 4 B Paragraph 1 of the insurance terms and conditions ends, the child can switch to a separate critical illness insurance policy offered by us with the same scope of coverage, provided the following conditions are met.
The following conditions are met:
– No insurance claim was made against the co-insured child under an insurance policy for serious illness, occupational disability, incapacity for work, impairment of basic abilities, need for care or reduction in earning capacity with Canada Life, another personal insurer or social security institution before the commencement of their own insurance contract, nor did such an insurance claim occur.

– at the time of the change, a serious illness will occur
Canada Life offers retirement savings plans with a corresponding level of insurance coverage.

2

The automatically insured child can use the child's supplementary insurance.
You can apply for this option within 6 months of reaching the age of majority or after the end of your insurance coverage as an automatically co-insured child. This requires a separate application for critical illness insurance and a simplified health declaration. Upon acceptance of the application, a new insurance contract will be concluded. We reserve the right to request relevant documents in accordance with Section 20, Paragraph 2 b) to d) to verify the previous automatic co-insurance.

3

A change of insurer is generally possible up to the amount of the insured benefit agreed upon in the critical illness insurance contract for the automatically co-insured child pursuant to Section 3 B Paragraph 3 or Section 4 B Paragraph 2. However, the minimum insurance benefits pursuant to Section 16 Paragraph 8 may not be undercut.

The other agreements within the framework of critical illness insurance, such as payment method, end age, etc., will also be considered.
for the new critical illness insurance, insofar as
This is possible according to the tariff conditions offered by Canada Life when exercising the right to switch.

If additional options were agreed upon, these – with the exception of the Extended Disease Catalogue – will not be included in the new Critical Illness Insurance Contract.
Inclusion is only possible after a separate risk assessment.

For any additional option agreed upon in the extended list of diseases, the reduced insurance benefit listed in Section 7 Paragraph 1 a) for automatically co-insured children continues to apply.

4

The calculation of the new premium is based on the new insurance terms and conditions, actuarial principles, and all other applicable agreements of the respective critical illness insurance policy to which the switch is being made, all of which are valid at the time the change is requested. The amount of the premium for the new insurance contract depends on the

then the insured person reached the entry age.

§ 27 Which law applies to your critical illness insurance?

Your insurance contract is governed by the law of the Federal Republic of Germany.

§ 28 Where is the place of jurisdiction?

1

For legal actions arising from the insurance contract against us, the court with jurisdiction is the one in whose district our registered office or the branch responsible for the contract is located. You may also bring an action before the court in whose district you have your residence at the time the action is brought, or, if you have no residence, your habitual abode.

If the policyholder is a legal entity or a partnership capable of being a party to legal proceedings, the competent court is determined by its place of business.

If other jurisdictions exist under the law that cannot be contractually excluded, you can also bring legal action there.

2

We must file any claims arising from the insurance contract with the court in whose district you have your residence at the time the claim is filed, or, if you have no residence, your habitual abode. If neither your residence nor your habitual abode is known at the time the claim is filed, we may file the claim with the court that has jurisdiction over our registered office or the branch that administers your contract.

If the policyholder is a legal entity or a partnership capable of being a party to legal proceedings, the competent court is determined by its place of business.

If their place of business is unknown, we can bring an action in the court that has jurisdiction over our place of business or the branch that administers your contract.

3

If you move your residence or habitual abode to a country outside the European Union, Iceland, Norway, or Switzerland after the conclusion of this contract, both you and we may only bring legal action under this insurance contract before the court that has jurisdiction over our registered office or the branch that administers your contract. This also applies if you move your residence or habitual abode to Iceland, Norway, or Switzerland after the conclusion of this contract and the respective country is no longer a party to the Convention on Jurisdiction and the Recognition and Enforcement of Judgments in Civil and Commercial Matters of 30 October 2007 (Lugan Convention) or any subsequent convention.

§ 29 Can the insurance terms and conditions or their appendices be amended by us?

If a provision of these insurance terms and conditions or their appendices has been declared invalid by a supreme court decision or by a legally binding administrative act , we may replace it with a new provision if this is necessary for the continuation of the contract or if adhering to the contract without a new provision would constitute an unreasonable hardship for you or us, even taking into account the interests of the other contracting party . The new provision is only valid if it adequately safeguards the contractual objective of the critical illness insurance policyholders.

The new regulation will become part of the contract 2 weeks after you have been notified of the new regulation and the reasons for it .

§ 30 Which conciliation body is there?

Our company is a member of the Insurance Ombudsman Association (Versicherungsombudsmann eV).

This allows you to regularly use a free out-of-court dispute resolution procedure after receiving one of our decisions. To do so, you must submit your complaint to the Insurance Ombudsman Association by telephone, in writing, by email, or in any other suitable form. The contact details are:

– Insurance Ombudsman eV
PO Box 08 06 32, 10006 Berlin
Telephone: 0800-3696000
Fax: 0800-3699000
Email: beschwerde@versicherungsombudsmann.de
Website: www.versicherungsombudsmann.de

APPENDIX 1 –

CONDITIONS OF INSURANCE FOR THE CRITICAL ILLNESS CARE COVERAGE FROM CANADA LIFE DEFINITIONS OF INSURED SCREENY ILLNESSES

General information:

This Annex 1 – Insured Critical Illnesses – is part of the insurance terms and conditions for Critical Illness Insurance from Canada Life.

The physicians or specialists mentioned in the following definitions of serious illnesses must meet the requirements for qualified physicians.
within the meaning of Section 20 Paragraph 11 of the insurance terms and conditions, in order to be eligible for the purposes of the insurance terms and conditions and this Annex 1. to become known.

In this Annex 1, we list when our obligation to provide benefits is excluded or limited in the case of certain serious illnesses.
Please note that our obligation to provide benefits may also be excluded or limited according to Section 10 of the insurance terms and conditions.

Overview of the insured heavy Diseases

Group 1: Organ failure

Chronic pancreatitis

Advanced liver diseases

Advanced lung disease (including severe) Emphysema

Kidney failure

_ Pneumonectomy

_ Transplantation of major organs

Group 2: Central nervous system

Amyotrophic lateral sclerosis

_ Creutzfeldt-Jakob disease (CJD)

_ Diseases of the central nervous system nervous system

Advanced Alzheimer's Illness

Advanced Parkinson's disease Illness

Poliomyelitis (polio)

_ Motor neuron disease

Multiple sclerosis with neurological deficits gischen restrictions

_ Multiple system atrophy resulting in permanent symptoms

Muscular dystrophy

_ Progressive supranuclear Visual palsy

_ Paraplegia

Group 3: Cardiovascular system

_ Aortic aneurysm

_ Aortic plasty

_ Coronary artery bypass surgery

_ Disease of the heart muscle (Cardiomyopathy)

Heart attack

_ Heart valve surgery

_ Cardiac arrest with onset of Defibrillator

Intracranial aneurysm

_ Constrictive pericarditis (armored heart), which requires surgery

Open - heart surgery

_ Pulmonary artery surgery, which requires surgical opening of the sternum

Primary pulmonary hypertension

_ stroke

Group 4: Inflammation		
Bacterial meningitis	_ Encephalitis	Severe rheumatoid arthritis
Group 5: Tumors		
Advanced cancer	Benign brain tumor	Benign spinal tumor
Group 6: Other illnesses/coverages		
_ dependence on a third party person	HIV infection as a result of a physical assault	_ Severe burns, Frostbite and chemical burns
Aplastic anemia (Blood formation disorder)	HIV infection through blood transfusion	_ Serious accident
Asbestosis	HIV infection acquired as a consequence certain professional activities	_ loss of language
Occupational hepatitis C	Intensive care with artificial Ventilation for a period of more than 10 days	Systemic lupus erythematosus
_ Loss of limb function	_ Coma	Bone marrow transplantation
	_ Severe head injury	_ Loss of hearing ability (deafness)
		_ Loss of sight (blindness)

Explanation of waiting times

What is a waiting time?

In the case of a serious illness with a waiting period, you will receive a benefit if the illness or the need for treatment is 3 or higher.
The diagnosis was made 6 months after the start of the insurance policy. If you increase the sum insured, this waiting period applies again to the increased amount.
the increase. The relevant regulation can be found in Section 3 A, Paragraph 2 of the insurance terms and conditions.

The following waiting period applies for these serious illnesses:

- Advanced cancer (6 months)
- Coronary artery bypass surgery (3 months)