

Example only



Please contact:
vfd Versicherungen
Hummelstr. 9a
79100 Freiburg
info@ausland24.com

11/29/2010

Insurance certificate for health insurance Care Travel / Amerika

Dear Mrs.

herewith we confirm the above mentioned health-insurance policy from AXA Krankenversicherung AG for the following person from the 03/15/2011 on for the period of 41 days comprised worldwide coverage **including USA, Canada und Mexiko**

Details of the insurance				
Insurance	Insurance number	Inception date	Expiry date	One-off
Care Travel / Amerika		03/15/2011	04/24/2011	49,20 €
The insurance premium about 49,20 € will be collected from the below mentioned bank account a few days before the insurance begins.				


Policyholder	
Salutation	Last name, first name
Mrs.	


Insured person			
Salutation	Last name, first name		Date of birth
Mrs.			
Native country	Nationality	Country of stay	Entry date
Oesterreich	Deutschland	worldwide, including USA, Kanada und Mexiko	

Information of payment				
Mode of payment	Accountholder	Accountnumber	Bank code	Method of payment
Direct debit				One-off

The contract processing and settlement occurs at Care Concept AG • PO Box 30 01 51 • 53203 Bonn | Fax: +49 228 97735911. If you have further questions don't hesitate to contact us under the telephone number: +49 228 97735-11.

The settlement of claims (reimbursement of bills) takes place by the AXA Krankenversicherung AG (address see below). The worldwide 24h emergency service number to organize medical aid or grant a cost acceptance declaration is: +49 221 / 82 77 91 14


G. Schlosser


ppa. W. Kriegbaum

AXA Krankenversicherungs AG
FVS-Spezial
50592 Köln



Tel.: (0049) 2 21/148 - 2 30 09
Fax: (0049) 2 21/148 - 3 62 80



Your international health insurance under the Care Travel tariff is subject to the General Terms & Conditions of Insurance for Travel, Section I and II, of the Care Travel tariff description, which you printed out or downloaded and accepted while concluding the policy.

In as much as you took out the policy for a period of one month or longer online, you can revoke your consent within 14 days without giving reasons. A statement in text form, e.g. by fax or e-mail giving your full name, suffices. Timely sending of your cancellation suffices to comply with the cancellation deadline. Please send your cancellation to Care Concept AG • PO Box 30 01 51 • 53203 Bonn, vertrag@care-concept.de or fax to: +49 228 97735-911.

In as much as the commencing date of insurance requested is before the end of the cancellation period, I accept that the first or one-time premium (redemption premium) – in derogation of the provisions of law – is due before that period expires, i.e. payable immediately.

In the event of cancellation, we are entitled to charge the pro-rata premium for the period from the commencement of cover until receipt of your cancellation. We will refund any premium paid over and above that amount.

Important note in accordance with § 37 para 2 VVG: If an insurance event occurs after the policy has been taken out, but the single or initial insurance premium has not been paid at this point of time, AXA Health Insurance shall not be obliged to pay benefits, unless non-payment is not the policy-holders fault.