

**Hallesche**  
Krankenversicherung  
auf Gegenseitigkeit  
70166 Stuttgart  
Gruppenversicherung  
service@hallesche.de  
www.hallesche.de

## **Application to the Compulsory Nursing Care Insurance (compulsory part of the German national insurance – Pflege-Pflichtversicherung/PPV)**

in connection with the application to the group insurance contract

# Application to Compulsory Nursing Care Insurance (compulsory part of the German national insurance – Pflege-Pflichtversicherung/PPV)

N° of nursing care insurance contract	GRP 1391	Possibly n° of health insurance contract	GRP
---------------------------------------	----------	--	-----

Applicant/policy holder	Group insurance partner/employer
-------------------------	----------------------------------

This application is connected with my application to the group insurance contract of

With effect of 1st  I apply for the following person(s)  
 the conclusion resp.  the modification of the compulsory nursing care insurance according to tariff PVN.

person 1	person 2
surname, first name	surname, first name

### 1. Compulsory nursing care insurance exists/existed

from	up to	from	up to
with the following insurer		with the following insurer	

Proof of private insurance period:  
 enclosed  enclosed

### 2. Details only required if a contribution-free co-insurance of children or the marital partner's resp. registered civil partner's maximum contribution shall be checked

a. Does the monthly total income (**definition see following pages**) of the person to be insured exceed 1/7 of the monthly reference figure as per § 18 para. 1 of the German Social Legislation Book IV (SGB IV) (€ 505 monthly, as per 1 January 2024, a possible more current value may be asked for) or does it amount to more than € 538 in case of a low-wage part-time employment as per § 8 para. 1 no. 1 German SGB IV or as per § 8a combined with § 8 para. 1 no. 1 German SGB IV (as per 1 January 2024, a possible more current value may be asked for)? If both types of income are applicable, the higher income limit is valid.

no  yes  no  yes

b. **Spouses/registered civil partners:** If the spouse/registered civil partner shall not be insured with this application, does he or she already have a private compulsory nursing care insurance or has such coverage been applied for?

<input type="checkbox"/> no	<input type="checkbox"/> no
<input type="checkbox"/> yes, name of spouse/registered civil partner	<input type="checkbox"/> yes, name of spouse/registered civil partner
insurer of spouse/registered civil partner	insurer of spouse/registered civil partner
exists since	exists since

Insurance confirmation:  enclosed Insurance confirmation:  enclosed  
 Does the monthly total income (see above) of the spouse/registered civil partner who shall not be insured with this application surpass the stated income limits?  
 no  yes  no  yes

### 3. Details required to check the contribution of children

a. Is your child in school or university at the moment?	
<input type="checkbox"/> no	<input type="checkbox"/> no
<input type="checkbox"/> yes, <input type="checkbox"/> school: since/from: <input type="text"/>	<input type="checkbox"/> yes, <input type="checkbox"/> school: since/from: <input type="text"/>
probably up to: <input type="text"/>	probably up to: <input type="text"/>
confirmation of school: <input type="checkbox"/> enclosed	confirmation of school: <input type="checkbox"/> enclosed
<input type="checkbox"/> university: since/from: <input type="text"/>	<input type="checkbox"/> university: since/from: <input type="text"/>
probably up to: <input type="text"/>	probably up to: <input type="text"/>
confirmation of university: <input type="checkbox"/> enclosed	confirmation of university: <input type="checkbox"/> enclosed

**person 1**

**person 2**

b. Is or was your child doing a Voluntary Service (such as the Federal Voluntary Service ("Bundesfreiwilligendienst") or a voluntary social or ecological service year)?

no

yes, from:  to:

from:  to:

from:  to:

confirmation (of period of service):  enclosed

no

yes, from:  to:

from:  to:

from:  to:

confirmation (of period of service):  enclosed

c. **Only for male persons:** Is or was your child doing the military or community service or the voluntary additional military service?

no

yes, from:  to:

from:  to:

confirmation of period of service:  enclosed

no

yes, from:  to:

from:  to:

confirmation of period of service:  enclosed

**4. Details only required if your child shall be insured himself or herself (Details to the private compulsory nursing care insurance of one parent)**

first name and surname of parent

first name and surname of parent

name of insurer

name of insurer

confirmation:  enclosed

confirmation:  enclosed

**5. Additional details for foreign nationals in case of stays in Germany (Further details required to check the obligation of insurance or eligibility for the private compulsory nursing care insurance)**

Does a delegation (definition see following pages) exist in the sense of the German Social Legislation Book?

no, actual day of entry to Germany on:

estimated day of departure from Germany on:

no, actual day of entry to Germany on:

estimated day of departure from Germany on:

yes, from which country has the person been delegated?

country of dispatch:

Intended stay in Germany?

since/from:

probably up to:

yes, from which country has the person been delegated?

country of dispatch:

Intended stay in Germany?

since/from:

probably up to:

**Applicant's declaration** I confirm having received a copy of this application as well as the pertinent General Insurance Conditions for my insurance cover. I have taken note of the contents thereof.

**Important information for the applicant and agent** The same declarations on the release from the professional secrecy obligation and data transfer apply to this application as well as to the application for group health insurance. You also acknowledge them for the compulsory care insurance through your signature.

**You may cancel your contractual declaration within two weeks. See the detailed information on the following pages in the attached form "Instruction of Revocation".**

**Signatures**

place/date

signature of applicant/policy holder referring to the above declarations

signature of all persons to be co-insured 18 years of age and older referring to the above declarations

---

## Compulsory Nursing Care Insurance – Definition Total Income

Total income is the sum of all receipts as defined by the German Income Tax Law (“§ 2 para.1 Einkommensteuerrecht (EStG)”). These are especially earnings and salaries – as well as income of low-wage part-time employment (German Minijobs) –, pensions, rental income, income of capital, income of self-employment or business.

The following amounts **will not be deducted**:

The age tax allowance, special expenses, extraordinary expenses, child allowance, the budget allowance and other tax-deductible amounts.

On the other hand, professional expenses **are deductible** – except for salaries taxed at a flatrate – and the savers’ tax allowance on investment income. For severance payments, indemnity or other benefits (compensation for termination) that are paid due to the termination of employment and in a way that does not recur on a monthly basis, the monthly wage most recently received will be used for the months following the payout up until the month in which continued payment of the wage would have reached the amount of the compensation for termination. Pensions are taken into account excluding the portion attributable to compensation points for child-rearing periods. One-time payments are to be spread over all months of the year, e. g. interest payments. Profit is decisive for the self-employed. The following are not considered as income: maternity allowance, child-rearing allowance, child allowance, unemployment benefit, social security benefits, student loans (BAföG), housing benefit as well as premium allowance for health and nursing care insurance.

The income limit for non-contributory coinsurance of children or reduced premiums for spouses resp. registered civil partners amounts generally to 1/7 of the monthly reference figure as per § 18 of the German Social Legislation Book IV (SGB IV), that is a monthly € 505 (as per 1 January 2024, a possible more current value may be asked for). The income limit of € 538 per month (as per 1 January 2024, a possible more current value may be asked for) is valid in case the total income will be obtained out of a low-wage part-time employment as per § 8 para. 1 no. 1 German SGB IV or as per § 8a combined with § 8 para. 1 no. 1 German SGB IV. If both types of income are applicable, the higher income limit is valid.

## Delegation in the Sense of the German Social Legislation Book

A “delegation” is if a foreign employee is delegated to Germany for business reasons by his or her foreign employer for a limited period and further remains with this foreign employer.

# Instruction of Revocation on Comprehensive Insurance

## Section 1

### Right of Revocation, Consequences of Revocation and Specific remarks

#### Right of Revocation

You may cancel your contractual declaration within a cancellation period of 14 days without stating the reasons in writing (e.g. letter, fax, e-mail).

This period begins at the time you receive

- the insurance confirmation,
- the insurance conditions including the general terms and conditions of insurance applicable to this contractual relationship, which in turn include the tariff provisions,
- these instructions,
- the information sheet about insurance products,
- and the further information listed in section 2 – if and as far as this information is possible according to the kind of the group insurance contract –;

all information must be in text form.

Sending the cancellation in good time is sufficient to comply with the cancellation period.

The revocation shall be addressed to:

Hallesche Krankenversicherung a. G.  
Löffelstraße 34–38, 70597 Stuttgart (Degerloch)

In the event of revocation by fax, it shall be sent to the following fax number: 0711 6603-333

#### Consequences of Revocation

If the cancellation is valid, the insurance cover will end. If you agreed to have the insurance begin before the cancellation period ends, the insurer must refund you the portion of the premiums that was payable for the time after receipt of the cancellation notice.

The insurer will be permitted to retain the portion of the premiums that is payable for the time up to receipt of the cancellation notice; this portion will be calculated as one-thirtieth of the total monthly premium stated on the insurance confirmation for each day that insurance cover existed. The insurer must refund repayable amounts without undue delay and no later than 30 days after receipt of the notice of cancellation.

If the insurance cover is not starting prior to the expiry of the revocation period then the effective revocation results in reimbursing the received benefits and to return the therefrom obtained benefits (e.g. interests).

If you have applied your right of cancellation to the insurance contract and it is valid, you will not be bound to any other contract in connection with the insurance contract. Such a contract is given, if it is in connection with the revoked contract and if a service of the insurer or a third party on the basis of an agreement among a third party and the insurer is concerned. No contract penalty may be agreed upon or may be demanded.

#### Specific remarks

Your right to cancel is void if both you and the insurer have completely fulfilled your and its obligations under the contract based on your explicit request prior to you exercising your right to cancel.

## Section 2

### List of further information necessary for cancellation period to begin

In connection with the further information specified in section 1, second sentence, the following lists each individual information obligation:

## Subsection 1

### Information obligations for all insurance lines

The insurer must provide the following information to you:

1. the identity of the insurer and any subsidiary through which the contract is intended to be signed; the insurer must also specify the companies register in which the underlying legal entity is recorded and the associated registration number
2. (if the insurance is to be managed by a third-party administrator) the identity of a representative of the insurer in the member state of the European Union in which you are domiciled if such a representative exists, or the identity of a commercially active individual who is distinct from the insurer if you have commercial dealings with this individual along with the capacity in which this individual will be acting in dealings with you
  - a) an address of the insurer that is capable of service of legal documents and every other address that is significant for the business relationship between the insurer and you; for legal entities or associations or groups of individuals: the name of a person authorised to represent the entity/association/group; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
  - b) (if the insurance is to be managed by a third-party administrator) every other address that is significant for the business relationship between a representative of the insurer or another commercially active individual within the meaning of sub-subsection 2 and you; for legal entities or associations or groups of individuals: also the name of a person authorised to represent the entity/association/group; if this information is communicated by sending the contractual provisions that include the general terms and conditions of insurance: the information must be in a form that is emphasised and designed to be clear
4. the insurer's main business activity
5. information about the existence of a guarantee fund or other compensation arrangements; the name and address of the guarantee fund must be provided
6. the essential characteristics of the insurance benefit(s), particularly information about the nature and scope of the insurer's benefit(s) and when it/them are due
7. the total price of the insurance including all taxes and other pricing components, with premiums being presented individually; if the insurance is intended to comprise multiple independent policies or if an exact price cannot be provided: information about the foundations for calculating the price, allowing you to review the price
8. specifics about payment and fulfilment, including about how to pay the premiums
9. information about how the contract takes effect, especially about the beginning of the insurance and insurance cover and the duration of time for which the applicant will be bound to his or her application
10. the existence or non-existence of a right of cancellation and the terms and conditions, the specifics for exercising this right – including the name and address of the person to whom the cancellation must be declared – and the legal consequences of cancellation, including information about the amount that you might need to pay if you cancel the contract; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
11. a) information about the term of the contract/policy period  
b) information about the minimum duration of the contract

12. information about ending the contract, particularly information about the contractual terms and conditions for terminating it, including any penalties; if the information is communicated by sending the contractual provisions that include the general terms and conditions of the insurance: the information must be in a form that is emphasised and designed to be clear
13. the member states of the European Union whose laws the insurer uses as a basis for initiating relations with you before signing the insurance contract
14. the laws governing the contract or a contract clause about the laws or court governing the contract
15. the languages in which the insurance terms and conditions and the advance information specified in this subsection are communicated and the languages in which the insurer is required to conduct communication with your approval while this contract is valid
16. any potential recourse that you may have to an out-of-court complaints or legal redress procedure and, if applicable, the requirements for this recourse; this information must explicitly point out that your option to take legal action is not affected by such recourse
17. the name and address of the competent supervisory authority and information about the option to lodge a complaint with this supervisory authority

### **Subsection 2**

#### **Additional information obligations for this health insurance**

For this health insurance, the insurer must provide you with the following information in addition to the information set out above:

1. information in euros about the amount of the costs built into the premium, with the contract conclusion costs that are built into the premium being presented as a single total amount and the other built-in costs being presented as a proportion of the annual premium and the relevant policy period being spelled out with this information; for the other built-in costs, the built-in administration costs must also be presented separately as a proportion of the annual premium and the relevant policy period must be spelled out with this information
2. information in euros about other potential costs, in particular costs that can arise one time only or for special reasons
3. information about the effects of rising healthcare costs on the future development of the premium
4. information about the possibilities for limiting the premium amount in old age, particularly about the possibilities for switching to the basic tariff or other tariffs under § 204 of the German Insurance Contract Law and for agreeing on policy exclusions and about the possibilities for reducing the premium under § 152 Para. 3 and 4 of the German Insurance Supervision Law
5. information about how switching from private to public ("statutory") health insurance at an advanced age is usually prohibited
6. information about how switching between private health insurers or policies at an advanced age can be associated with higher premiums and, if relevant, about how switching to the basic tariff might be restricted
7. an overview in euros of the premium development (i.e. increases and decreases) in the ten years preceding the offer of insurance; information must be provided about what monthly premium would have been payable in each of the ten years preceding the offer of insurance if the insurance contract had been concluded in those years by a person of the same gender as you, joining the insurer at an age of 35; if the tariff on offer has not yet existed for ten years, the time at which the tariff was launched must be used as a basis and information must be provided about how the meaningfulness of the overview is limited due to the short amount of time that has passed since the tariff was launched; in addition, the development of a comparable tariff that has existed for ten years must be presented

**Yours**  
**Hallesche Krankenversicherung**