

Additional conditions for group insurance - domestic

Version December 2025

These additional conditions supplement or change the General Terms and Conditions of the individual insurance for insurance relationships within the framework of a group insurance contract.

§ 1 Insurability, policyholder, insured persons

(1) All persons who are insurable according to the respective group insurance contract and meet the other tariff and admission requirements are eligible for insurance.

(2) The policyholder serves as the group head and is the contractual partner of the insurer.

(3) The principal insured persons are the persons designated under the term of the group insurance contract, as far as they are notified to the insurer.

(4) Co-insured persons are spouses, civil partners according to § 1 of the German Civil Partnership Act (see appendix), partner in a consensual union, children and other persons eligible for co-insurance under the group insurance contract, as far as they are registered for insurance cover.

(5) If and as far as the group head as policyholder has transferred the rights and obligations to which he is entitled under the insurance relationship to the principal insured and these have been accepted by the principal insurer, the regulations relating to the policyholder shall apply equally to the principal insured.

§ 2 Participation in the group insurance contract, commencement and scope of insurance cover

(1) Participation in the group insurance contract must be declared on the respective form (registration) of the insurer; the questions asked must be answered completely for all persons to be insured.

(2) The insurer undertakes not to reject any proper application for the group insurance contract.

(3) The insurance cover commences upon receipt of the application by the insurer, but not before the date specified in the application, not before the end of any waiting periods and not before the commencement of the group insurance contract on which the insurance relationship is based.

(4) The date stated in the application (start of insurance) may not be more than 6 months in the future, calculated from the date of the application.

(5) For insured events that occurred prior to receipt of the application by the insurer, and for insured events that are related to an increased risk (e.g. previous illnesses, occupation, sport), coverage will only be provided from the beginning of the insurance cover if the insurer has been informed correctly by a health declaration (see Para. 6) and the insurer has not clarified or declared any exclusion from insurance cover in the confirmation of insurance.

(6) Insurance cover for excluded insured events can be applied for by submitting a declaration of health. Special conditions may be agreed for their co-insurance (e.g. risk surcharges, maximum benefit amounts).

(7) The scope of the insurance cover results from the confirmation of insurance, subsequent written agreements, the General Terms and Conditions of Insurance including the tariff, these additional Terms and Conditions, the group insurance contract and the statutory provisions.

(8) The insurer provides an insurance certificate as confirmation of insurance for each principal insured person.

(9) The limitation of benefits for treatment of relatives in the General Insurance Conditions for Medical Expenses and Hospital Days Money Insurance (§ 5 para. 1g)) also applies to the Special group insurance tariffs GAZ/Group, HIT/Group, KKHB/Group, DENT/Group, PROZAHN/ Group, PROZAHN.Premium/Group, PROZAHN.Komfort30/Group, PROZAHN.Komfort90/Group and ZahnZusatz/ Group.

§ 3 Waiting periods

The general and special waiting periods specified in Part I and Part II of the General Insurance Conditions for Daily Sickness Benefit Insurance and General Insurance Conditions for Daily Sickness Benefit Insurance shall be waived without replacement, unless the respective tariffs provide otherwise.

§ 4 Reasons for termination of the insurance relationship in the group insurance contract

(1) The insurance relationship ends with the termination of the group insurance contract. This also applies during any agreed minimum term of the contract.

(2) Furthermore, with regard to the insured persons concerned, the insurance relationship ends beyond the reasons stated in the General Insurance Conditions with

- a) leaving the insurable group of persons;
- b) deregistration from the group insurance contract for the purpose of continued insurance in the individual insurance according to tariffs which are not based on the group insurance contract (e.g. in the standard tariff or in the basic tariff).

(3) If the reasons for termination affect the principal insured, the insurance relationship shall also end for the co-insured persons.

§ 5 Continued insurance

(1) If the insurance of individual co-insured persons ends, they have the right to continue the insurance relationship immediately afterwards, naming the future principal insured person in the group insurance contract, provided that the insurability is still given there. The declaration must be made within two months of the termination of the insurance relationship.

(2) If the insurance of individual insured persons ends, they have the right to continue the insurance - provided

that the tariff conditions are met - in accordance with the valid similar tariffs of the insurer immediately afterwards, if the continuation of the insurance is requested from the insurer within two months after the termination of the group insurance contract. Excluded from the continued insurance in accordance with sentence 1 are persons who have themselves brought about the end of the insurance in accordance with § 13 (or in the case of the tariff URZ. in accordance with § 2 No. 2 and in the case of tariff *plus.Z* in accordance with § 14) of the respectively valid General Terms and Conditions of Insurance, or for whom the insurance relationship was extraordinarily terminated due to breaches of obligations.

In those cases, in which the insurance ends due to termination due to default of payment by the principal insured, the right to continue insurance according to sentence 1 shall only apply to the co-insured persons and only in the health insurance and nursing care insurance.

(3) If the insurance relationship ends in accordance with § 4 para. 2c) of the supplementary conditions due to continuation in the basic tariff, the insured persons have no right of continued insurance in accordance with para. 1 and para. 2.

(4) In cases in which a health care or nursing care insurance ends by termination due to default of payment of the principal insured, the rights of continued insurance according to para. 1 and 2 shall only end two months after the co-insured persons have become aware of the termination and their right to continue.

(5) In the case of continued insurance, the period during which the insured person was continuously insured under this group insurance contract shall be set off against any waiting periods or deadlines. The acquired rights shall be retained; the provision for the risk (ageing provision), which is formed in accordance with the technical calculation bases, for the risk which increases with the age of the insured person shall be credited in accordance with these calculation bases. Provided that the new insurance cover is higher or more comprehensive, a risk surcharge may be demanded in this respect or an exclusion of benefits may be declared.

(6) If special conditions (e.g. risk surcharge, exclusion of benefits, waiver of dental scale, limitation of benefits) were waived in the group insurance contract for

the duration of the insurance cover, these shall become effective with the continued insurance.

(7) If a group insurance contract is cancelled by the insurer, terminated by mutual agreement or if the group insurance contract ends because the agreed minimum number of persons to be insured has not been reached, the insured persons have the right to continue the insurance relationship under the terms and conditions of the individual insurance, taking into account the rights acquired under the contract and the ageing reserve, if one is set up. This also applies in the event of termination by the policyholder if no new policyholder is named. The insured persons will be informed by the insurer of this cancellation or termination and the right to continue insurance in text form. The right to continue insurance ends two months after the insured person has become aware of it.

(8) For the continued insurance according to the standard tariff or basic tariff, the respective provisions of the General Terms and Conditions of Insurance for changing to the standard tariff or basic tariff shall apply.

2. between persons who are related to each other in direct line;
3. between full or half siblings;
4. if the life partners agree during the establishment of the life partnership that they do not want to establish any obligations pursuant to § 2.

(4) No petition for the establishment of a life partnership may be filed based on the promise to establish a life partnership. Section 1297(2) and §§ 1298 to 1302 of the Civil Code shall apply accordingly.

Appendix

Life Partnership Act [*LPartG*]

§ 1 Form and prerequisites

(1) Two persons of the same sex, who declare to the civil registrar in person when simultaneously present that they want to maintain a partnership with each other for life (life partners) shall establish a life partnership. The declarations may not be issued under any condition or defined time.

(2) The civil registrar shall ask the life partners individually whether they want to establish a life partnership. If the life partners answer this question in the affirmative, the civil registrar shall declare that the life partnership has now been established. The establishment of the life partnership may occur in the presence of up to two witnesses.

(3) A life partnership cannot be validly established:

1. with a person who is a minor or with a third person who is married or already maintains a life partnership with another person;