Hallesche
ALH Gruppe

Confirmation of Receipt

Agent Number	Agent Name
Date of Application	Policy Number (if available)

Policy Holder/Main Person Insured

Surname	First Name	Date of Birth

With my signature I confirm having received the following documents before my contract declaration:

Consumer's information

- ☐ Insurance Product Information Document (PM 450 _____ – version _____._____)
- ☐ Consumer's information (VG _____ – version _____._____)
- ☐ General information according to § 3 VVG-InfoV (PM 451 – Version _____._____)

General Conditions of Insurance Coverage (German: Allgemeine Versicherungsbedingungen/AVB) …

- ☐ … for the health and hospital daily indemnity insurance (PM 22 ____ – version _____._____)
- ☐ … for the daily benefits insurance (PM 25 ____ – version _____._____)
- ☐ … for the private compulsory nursing care insurance (PM 38u – version _____._____)
- ☐ … for the nursing care insurance (PM 41 – version _____._____)
- ☐ … for the additional nursing care insurance (PM 76 ____ – version _____._____)
- ☐ … for the additional insurance for stays abroad as per tariff URZ (PM 62 ____ – version _____._____)
- ☐ Additional conditions of the group insurance – for coverage in Germany (MG 103 ____ – version _____._____)
- ☐ _____ (version ____ _____ – _____._____)
- ☐ _____ (version ____ _____ – _____._____)

Tariffs

- ☐ Tariff _____ (version _____ _____ – _____._____)
- ☐ Tariff _____ (version _____ _____ – _____._____)
- ☐ Tariff _____ (version _____ _____ – _____._____)
- ☐ Tariff _____ (version _____ _____ – _____._____)
- ☐ Tariff _____ (version _____ _____ – _____._____)
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- ☐ Tariff _____ (version _____ _____ – _____._____)
- ☐ Tariff _____ (version _____ _____ – _____._____)
- ☐ Tariff _____ (version _____ _____ – _____._____)

Special Conditions

- ☐ Special conditions _____ (PM _____ – version _____._____)
- ☐ Special conditions _____ (PM _____ – version _____._____)

Remarks

- ☐ Remark on the violation of the obligation to disclose
- ☐ Remark on the consequences of non-payment of the initial premium in the private compulsory nursing care insurance
- ☐ Remark on the right of revocation: "Instruction of Revocation" (VG _____ – version _____._____)
- ☐ Remark on the "Code of Ethics"
- ☐ **Filled in copy of the application for health insurance coverage**

Place/Date	Signature of the Policy Holder/Main Person Insured