

Hallesche
 Krankenversicherung
 auf Gegenseitigkeit
 70166 Stuttgart

 Creditor Identification Number/Gläubiger-Identifikationsnummer
 DE89ZZZ00000031444

 Mandate Reference/Mandatsreferenz
 "will be provided later/wird nachgeliefert"

or per fax to 0711 6603-333

SEPA Direct Debit Mandate

By signing this mandate form, I authorise Hallesche Krankenversicherung a. G. to send instructions to my bank to debit my account and my bank to debit my account in accordance with the instructions from Hallesche Krankenversicherung a. G.

Hallesche Krankenversicherung a. G. will announce the direct debit at least 6 calendar days before the maturity of the payment. In case of repeated direct debits with equal or fixed direct debit amounts a single information before the first direct debit and the details of the due dates is sufficient.

Remark: As part of my rights, I am entitled to a refund from my bank under the terms and conditions of my agreement with my bank. A refund must be claimed within 8 weeks starting from the date on which my account was debited.

With my signature I furthermore confirm that I am (also) solely authorised to dispose of the bank account mentioned.

First name and family name (Account holder*)		Date of birth
Street name and number	Postal code and city	
Address for service (only if different):		
Street name and number or Post office box	Postal code and city	
Creditor institute (Name and BIC)		
IBAN		

In case of a new application: This SEPA direct debit mandate is valid at the time of signature.

In case of an existing insurance contract: This SEPA direct debit mandate is valid as of Beginning of validity period
 (If no different beginning of validity period is filled in, the SEPA direct debit mandate is valid at the time of signature.)

Place/date	Signature of the account holder
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¹ Provided you, the account holder is not the applicant/main person insured at the same time, you will be able to see "Information on the implementation of the EU Basic Data Protection Regulation" over new applications/registrations made by the applicant/main person insured. This information is also available on the internet at www.hallesche.de/datenschutz, email: service@hallesche.de, and also on request via the postal services at the above-mentioned address or by calling on 0711 6603-6603.

Please always fill in: This SEPA direct debit mandate is valid for the insurance contract with Hallesche Krankenversicherung a. G. for the following policy holder/main person insured:

First name and family name (Policy holder/main person insured)	Date of birth
Street name and number, postal code and city	Policy number (if known)

Method of payment: monthly quarterly half yearly yearly (3 % discount²)

No method of payment may be chosen for tariff VSAplus, because this tariff has a "single premium".

In order not to jeopardize the qualification for allowance a yearly payment is not possible for the coverage as per tariff FÖRDERbar.

² The granting of a discount does not apply for the contribution of the compulsory nursing care insurance and the contributions of the government-funded tariffs or the contributions to the Hi.Germany and Krankengeld.plus tariffs.