

## Travel claim form

Claim must be submitted within 60 days of being incurred and original receipt/itemized bill must be attached

Please complete this Travel Claim Form (the “**Form**”) in full (including putting signatures and dates wherever requested) in order to assure its fast and accurate processing. **This Form consists of the following: general part, the Privacy Notice, and the Explicit Consent. This Form shall be deemed to be filled out fully only when all the parts thereto are duly filled out.** Furthermore, this Form must be filled out truthfully and accurately (consequences of the opposite are explained in the Declaration part of this Form).

Handling this Form shall request processing of Personal data (including Sensitive Personal Data) of the Insured Person. Therefore, **please read the Privacy Notice and Privacy Policy carefully before filling in this Form.**

Based on the General Data Protection Regulation (GDPR), the explicit consent of the data subject is necessary to process his/her Sensitive Personal Data. The form of such consent is attached hereto. **If no explicit consent to process Personal Data (including Sensitive Personal Data) of the Insured Person (in respect of whom this Form is presented) is provided, the Insurer shall not be able to process this Form and handle respective Claim.**

A parent or legal guardian should complete this Form for a natural person under 18 years old.

### Quick guiding steps for a smooth submission of this document:

1. If you have more than one claim you need to complete one claim form for each claim and for each insured person.
2. If you are submitting a claim following an illness or injury, please complete in full **Sections I, II and VI.**
3. If you are submitting a claim which falls under “Accidental death and Dismemberment” benefit, please complete **Sections I, III and VI.**
4. If you are submitting a claim for a non-medical event or personal baggage loss, please complete **Sections I, IV and VI.**
5. If you are submitting a claim for a non-medical event or liability claim, please complete **Sections I, V and VI.**
6. Please, always provide the below requested dates in the following format **(Day. Month. Year)**

### I. Your Personal Information

#### Claimant

Full Name: (first, middle, last)		Date of Birth: ____/____/____
Member N: (As shown on the front side of your ID Card)	Email Address:	Telephone number: (incl. Country code) (+    )
Residence: (country, city, postal code, street address)		
Mailing Address: (country, city, postal code, street address) <i>(please, complete only if different from “Residence”)</i>		

#### Insured person details *(please, complete only if different from above)*

Full Name: (first, middle, last)		Date of Birth: ____/____/____
Telephone Number: (including country code) (+    )	Email address (E-mail):	
Residence: (country, city, postal code, street address)		
Mailing Address: (country, city, postal code, street address) <i>(please, complete only if different from “Residence”)</i>		

## II. Medical Claim details

1. Your claim is a result of: <input type="checkbox"/> Accident <input type="checkbox"/> Illness	1.2. Date Accident or Illness began: ____/____/____	1.3. Is this Claim for maternity treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	1.4. If yes, type of delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section	1.5. Date of delivery: ____/____/____
2. Describe problem, symptom, or complaint:				
2.1. Doctor's diagnosis and results of your visit:				
2.2. Describe Treatment(s) received for this condition, if any (e.g., medicine, consultation, Surgery, Hospitalization, and conservative Treatments), incl. dates:				
3. Have you ever had the same or similar condition in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? ____/____/____		3.1. If yes, state dates, results, kind of Treatment, Prescribed Drugs, and name of Doctor or facility:		
4. Date when the patient first saw Doctor about conditions ____/____/____		4.1. Date of first ever received treatment for this condition: ____/____/____	4.2. Date of next Doctor's appointment: ____/____/____	
5. Was the patient admitted to the Hospital overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No			Admit Date: ____/____/____	Discharge Date: ____/____/____
6. Is this Treatment resulting from: A sport Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No An automobile Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Any type of Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		6.1. If yes to any, please provide details, where and how it happened:		
7. Is this patient also covered by: Other group health/dental plan(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Medicare or another Gov. Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No No-Fault auto carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		7.1. If yes, please provide name and address of the carrier, along with Policy number:		
<b>Doctor/Facility Data</b>				
Hospital/facility name:		TAX ID number (U.S. hospitals only)		
Physician/provider name:		TAX ID number (U.S. doctors only)		
Address:				
Postal code:		Country:		
Telephone Number: (including country code) (+ )		Email address (E-mail):		

### List of Paid Receipts

The following Treatments and/or Prescribed Drugs were provided and the charges for each are listed below.

**ATTACH RECEIPTS IN ORDER TO RECEIVE PAYMENT**

Date of Service	Description of each Service/ Prescription Drug	Cost	Currency
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
Total Amount Paid by Patient:			
Total unpaid balance still due to Provider:			

### III. Accidental death and Dismemberment

Date of injury / Death (in the event of fatality): \_\_\_/\_\_\_/\_\_\_\_\_

Please, provide details of how the loss/death occurred:

Please, let us know if the injury or cause of death are resulted from natural causes. If yes, give us more details:

We will need a Death Certificate issued by a licensed authority. The original copy should be submitted to One Team Health. Their contact details are on page 6.

### IV. Baggage and personal effects

Date of loss or damage: \_\_\_/\_\_\_/\_\_\_\_\_

Time:

Please provide a detailed description of how the loss/damage occurred, including the location:

Please confirm when the loss was reported and to which authority (e.g., police/airline/tour operator/hotel, etc.) including complete address and reference:

#### Item Details:

Full description of Item 1:

Place of purchase:

Date purchased: \_\_\_/\_\_\_/\_\_\_\_\_

Bought for (\$/€):

Cost Now (\$/€):

Claimed amount (\$/€):

Full description of Item 2:

Place of purchase:

Date purchased: \_\_\_/\_\_\_/\_\_\_\_\_

Bought for (\$/€):

Cost Now (\$/€):

Claimed amount (\$/€):

#### Additional information:

Provide details of any other insurance policy that you have that may contribute to this loss, e.g., household insurance, private medical insurance, personal travel insurance, credit card insurance, etc.

Name of Insurer:

Policy number:

Address:

## Additional Documents Required:

- In the event of a personal baggage loss, all incidents **MUST** be reported to the local police within 24 hours. An incident number and loss report must be obtained and submitted to **One Team Health** in the US.
- If the loss occurred at the airport or on the aircraft, the incident **MUST** be reported to the airline within 24 hours through an Incident Report. We require the Incident Report to be sent with this claim form.
- Provide proof of the original purchase/ownership, i.e., receipts, bank/credit card statements, photographs, packaging, instructions manuals, valuations.
- Please note that we may make a deduction on the claim if proof of purchase is not provided and/or if wear-and-tear is applicable.
- If items have already been replaced, please send the replacement invoice or receipt

## V. Liability

When did the loss/accident occur?

Where did the loss/accident occur?

When was the loss/accident first reported to you?

Please provide us with a brief description of the loss or accident.

Please provide a brief description of injuries (where applicable).

Please provide a brief description of property damaged, including approximate value (where applicable).

Please provide details of any witnesses.

Have any claims been made? If yes, please provide details.

## VI. Bank Details

Please reimburse to: ☐ Natural Person ☐ Provider (Doctor or medical facility)

Bank name:

Name on account:

Account No / IBAN:

Currency

Swift code

Routing#/ABA#

Bank address

City

State/Province/Region

Zip / Postal Code

Country

I hereby declare and certify the following in respect of this Travel Claim Form (the "Form"):

- I have filled out the Form fully, truthfully, and accurately.
- The Form does not contain any false, misleading, or incomplete information.
- I understand that any mistakes, exaggerations, inaccuracies, frauds, or other defects in filling in/presenting the Form may result in my insurance cover being amended or cancelled, may reduce the amount payable in respect of the Claim or result in refusal to pay it, as well as in my obligation to return payments already received from my Insurer.
- I understand that a person who knowingly and with the intent to defraud an insurance company or other person files an application for insurance or a claim with false information or conceals information for the purpose of misleading, may be guilty of committing a fraudulent insurance act.
- I hereby ask to transfer all amounts due to me based on this Claim to the bank account as specified by me above. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account due to my fault or due to circumstances depending on me (e.g., due to incomplete or incorrect information as provided by me above), I shall not hold the Insurer or the Coverholder responsible for it.

Claimant personally ☐

Parent (Legal Guardian) / Legal representative ☐

By typing my name on this Form, I am signing electronically, and this electronic signature is the legal equivalent of my manual, handwritten signature

Name of the person signing: \_\_\_\_\_

Name of the represented person (when this is signed by a parent (legal guardian) / legal representative):

\_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please email completed claim form and supporting documents to:

In the USA:



[othclaims@dhig.net](mailto:othclaims@dhig.net)

Toll Free: +1.888.387.0040 (toll-free)

## Privacy notice

Your Personal Data is collected, stored, and used in order to respond to your insurance related inquiries and to provide you with insurance cover. The aim of this Privacy Notice (“**Notice**”) is to explain you what kind of your Personal Data is processed by **dhig GmbH** (in cases when it is actually a controller of your Personal Data – please see more details in the part “*Controllers of your Personal Data*”) and the **Insurer** (hereinafter **dhig GmbH** and the **Insurer** collectively may be referred to as the “**Controllers**”, and each separately may be referred to as the “**Controller**”), why it is processed, as well as to inform you on your rights related thereto.

This Notice explains the most important aspects of processing your Personal Data by **dhig GmbH** and the **Insurer**. For more detailed information on this please see the Privacy Policies of **dhig GmbH** (to be found at <https://dhig.net>) / the **Insurer** (as indicated further in this Notice) or contact them. Contact details are indicated further in this Notice, insurance Policy and/or Certificate.

## Controllers of your Personal Data

In terms of this Notice a “**controller**” of Personal Data is a person determining the purposes and means of processing of this data; and a “**processor**” of Personal Data is a person, which processes this data on behalf of the Controller. The Controller bears primary responsibility for processing of Personal Data.

The **Controllers** of your Personal Data are:

- **dhig GmbH** – **dhig GmbH is the Controller** only of such your Personal Data, that was disclosed to **dhig GmbH** (if any) for the purpose of mediating regarding your insurance cover (i.e. when you or another person wishing to insure you (e.g. your employer) applies to **dhig GmbH** regarding its distributed insurance products, **dhig GmbH** will be the **Controller** in respect of your Personal Data as shared with it (if any) for processing the application for insurance, Underwriting, providing a proposal for insurance cover and arranging execution of respective Insurance Contract / reinsurance of your insurance cover).

### Please note the following:

- not all insurance products as distributed by **dhig GmbH** require processing of your Personal Data in the mediation stage (i.e., before a respective Insurance Contract / its amendment / prolongation and etc. is entered into), and therefore **dhig GmbH** shall not be the **Controller** in all cases;
- **dhig GmbH is the processor of your Personal Data**, (for instance) when it is authorized by the Insurer to handle your insurance Claims and/or (as the case may be) to execute /implement / administer the Insurance Contract concluded for your benefit;
- in all its capacities (i.e., as the **Controller** and as the **processor**), when processing any Personal Data, **dhig GmbH** is subject to the Regulation (EU) 2016/679 of the European parliament and of the council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (**General Data Protection Regulation**) (“**GDPR**”).

Should you wish to know the exact role of **dhig GmbH** in processing of your Personal Data, please do not hesitate to contact **dhig GmbH** per e-mail as foreseen herein.

- **the Insurer** – the insurance entity, which carries risk of your insurance cover. **The identity and details of the Insurer are indicated in your insurance Policy and Certificate. The Insurer is the Controller** in all cases of processing of your Personal Data related to your insurance cover (i.e., as necessary for processing the applications for insurance cover, Underwriting, proposing terms and conditions for insurance cover, executing, and implementing respective Insurance Contracts, handling your requests for preliminary authorization and other your provided requests /forms in relation to your insurance cover, handling your Claims, and other).

Please also note that any applicable **reinsurers and co-insurers** of your insurance cover **are additional controllers** of your Personal Data.

The Insurer, reinsurers and co-insurers are obliged to process your Personal Data in accordance with all laws applicable thereto.

## Contact details of the Controllers

- **dhig GmbH** is the limited liability legal entity registered in the registry of legal entities of the Republic of Austria (*Firmenbuch*) under the number FN 515759 w. Its core business is insurance and reinsurance intermediation. Its contact details are as follows:  
Website: <https://dhig.net>  
E-mail: [contact@dhig.net](mailto:contact@dhig.net)  
Telephone: +43 1 300 81 81  
Contact of the data protection officer: [dpo@dhig.net](mailto:dpo@dhig.net)
- **The Insurer** - the identity and contact details, as well as contact details of data protection officer (if appointed) of **the Insurer** are indicated in your insurance Policy and/or Certificate.

## Personal Data that may be processed by the Controller (depending on the Controller's role in this process and the purposes data is processed for)

- identification information, such as your full name age, date and place of birth, gender, national insurance number, driving license, passport or other identification document, signature, photo, nationality, citizenship, etc.
- your contact details, such as the country of residence, data related to planning on moving out of the country of residence, home country, email address, telephone numbers, etc.
- social security related data (including social security card number and other related data)
- employment related data – occupation / profession (current and previous), employment start and termination date, vacation, pregnancy, as well as other working time and absence from work related data (e.g., in case when you are to be insured by your employer under a group insurance contract)
- membership in an organization (e.g., when an organization arranges your insurance)
- travel related data (e.g., when you are interested in a travel insurance)
- your lifestyle and social circumstances, for example: your interests, such as whether you do sports, your housing status and number of dependents; your marital status; other family details (e.g., it may be relevant in case of medical insurance, depending on the type of the insurance cover)
- your insurance history related information (e.g., exclusions, limitations and other special terms and conditions that were previously applicable in respect of you)
- Personal Data about your family members or any other person included in your insurance (and their relationship to you)
- results of criminal checks relating to prevention of fraud and/or terrorist activities – if mandatory requested by applicable laws
- bank and related financial/taxation data (including copies of bank cards, credit/debit card and bank account details, information obtained as a result of our credit checks)
- details of political and economic sanctions, which would prevent the Insurer from implementing insurance coverage or from Claims payments in certain areas
- information relevant to your insurance Claim or your involvement in the matter giving rise to this Claim
- records of phone calls, video image from the video surveillance systems in the Controller's buildings (if any);
- Sensitive Personal Data:
  - health and medical history, medical condition related Personal Data, such as, for example: data resulting from medical reports or from death certificates; medical and medical claims history; details of physical and psychological health or medical conditions; and etc.
  - details concerning sexual life or sexual orientation (for example, marital status)
  - details regarding criminal offences (for instance, bankruptcies, previous criminal convictions)
- IP addresses and other data obtained through the Controller's use of cookies, when you visit its websites
- information about the Insurer's products and services that you use
- transaction data (e.g., information on Insurance Premium payments)
- your marketing preferences
- other Personal Data as requested by the Insurer and/ or by its reinsurer /co-insurer
- other Personal Data that may be shared with the Controller by you or authorised third parties.

## Purposes and legal basis for processing of your Personal Data

- **For dhig GmbH**  
dhig GmbH (in the capacity of the Controller of your Personal Data) may process your Personal Data for the following purposes:
  - duly respond to an inquiry / request regarding its distributed insurance product;
  - for insurance and reinsurance mediation – this includes all such actions as may be necessary to be performed by it (in its capacity of an insurance / reinsurance intermediary) for arranging execution of your insurance cover, its co-insurance and reinsurance;
  - to communicate with you and to resolve any other inquiries / complaints you may have;
  - to meet its legal obligations;
  - to prevent, detect and investigate fraud;
  - to research for statistical purposes.

dhig GmbH (in the capacity of the Controller) processes your Personal Data on the following legal basis:

- to support **legitimate interests** that **dhig GmbH** has as a business (except where it is overridden by your interests or fundamental rights and freedoms which require protection of your Personal Data). As a rule, this may include processing of your Personal Data:
  - to duly respond to an inquiry / request regarding its distributed insurance product
  - to prepare for execution an Insurance Contract in respect of you
  - to prepare for execution of a reinsurance contract in respect of your insurance;
- your provided **consent** (e.g., when processing Sensitive Personal Data) - wherever **dhig GmbH** processes your Personal Data based on your consent, you are entitled to withdraw such consent at any time. Should you withdraw your consent for processing your Personal Data, **dhig GmbH** might not be able to execute actions for which such processing is necessary;
- **other lawful basis** as foreseen by laws, such as: it is necessary to comply with a relevant legal obligation (e.g. where we are obliged to process your Personal Data for tax or accounting purposes); it is necessary for the performance of a contract to which you are a party, or to take steps (at your request) to enter into a contract; it is necessary to protect your vital interests or those of another natural person (e.g. in emergency cases); it is necessary to perform a task in the public interest or to exercise an official authority vested in **dhig GmbH**.
- **For the Insurer**

The Insurer may process your Personal Data for the following purposes:

- for execution, performance and administration of your Insurance Contract (e.g., quotation, Underwriting, presenting offers Claims handling, renewal, amendments, etc.);
- to redistribute your insurance related risk by means of reinsurance and co-insurance;
- to provide you with the possibility to use your insurance cover related services via a client internet portal;
- to respond to your requests, complaints, applications, or other inquiries;
- to meet any legal obligations or requirements as set by special regulations (e.g., tax, accounting, archiving, risk management, and administrative obligations, etc.);
- to administer debt recoveries;
- for fraud prevention and detection purposes;
- for marketing communication and the purposes of direct marketing (based on your consent, if obligatory by applicable laws);
- for statistical and analytical purposes of the Insurer (e.g., to analyze needs of users of insurance services, to improve quality and level of services offered);
- to protect other legitimate interest of the Insurer (except where it is overridden by your interests or fundamental rights and freedoms which require protection of your Personal Data);
- for other purposes as may be set by the Insurer in compliance with applicable legislation.

The Insurer processes your Personal Data on the following legal basis:

- **the Insurer** shall process your Personal Data in order to take steps to conclude and/or perform your **Insurance Contract**, including to handle Claims;
- for **performance of a legal obligation** and/or grounds provided for in applicable legislation (including providing information to state and regulatory authorities, municipal, judicial, and investigative bodies, including external auditors);
- on the grounds of its **legitimate interest** (except where it is overridden by your interests or fundamental rights and freedoms which require protection of your Personal Data) - e.g., for the purposes of improving the quality of services provided, for preventing insurance fraud, in the implementation of video surveillance, for portfolio analysis and video surveillance, for responding to your requests / inquiries, to arrange reinsurance / co-insurance of your insurance cover etc.;
- your provided **consent** (e.g., when processing Sensitive Personal Data, when processing Personal Data for direct marketing purposes, etc.) – wherever the Insurer processes your Personal Data based on your consent, you are entitled to withdraw such consent at any time by contacting the Insurer. Should you withdraw your consent for processing your Personal Data, the Insurer might not be able to execute actions for which such processing is necessary;
- **the Insurer** may also process your Personal Data on other basis as permitted by applicable laws.

## Processing of your Sensitive Personal Data

For the purpose of this Notice “**Sensitive Personal Data**” shall mean Personal Data that can reveal your racial or ethnic origin, political opinions, religious or philosophical beliefs or trade union membership. It also refers to the processing of data concerning your health, sexual orientation or your sex life.

Your Sensitive Personal Data may be processed for the following purposes:

- in order to assess whether and under what conditions an insurance cover may be provided, prolonged, or amended in respect of you, as well as responding to your other related inquiries (e.g., for reviewing and evaluating application for insurance (including Medical Questionnaire) and related documentation, providing quotes, Underwriting);
- for the purpose of arranging, execution, administration and implementation of your insurance cover, its co-insurance and/or re-insurance (this would also include renewal, prolongation and amendment of your insurance cover, its co-insurance and reinsurance);
- for assessing and handling Claims, as well as providing services that are owed to you under your insurance cover;
- other purposes as permitted by applicable laws.



Your Sensitive Personal Data may be processed:

- if you have given a respective **explicit consent**;
- processing is necessary to protect your vital interests or the vital interests of another natural person where you are physically or legally incapable of giving consent (e.g., in emergency cases);
- processing relates to Personal Data which are manifestly made public by you;
- processing is necessary for establishment, exercise, or defense of legal claims;
- on other lawful basis as permitted by applicable laws.

## How long do Controllers process your Personal Data

Duration of processing your Personal Data by **the Controller** depends on the purpose it was collected for and its nature, as well as on development of your relationship with this particular **Controller**. **The Controller** processes your Personal Data for as long as:

- it is necessary for the purpose it is processed for, and
- **the Controller** is legally obliged to retain Personal Data, and
- Personal Data is necessary for the establishment, exercise, or defense of legal claims.

Please note the following:

- When you send **dhig GmbH** a request (e.g., a request for a quote or a question) and do not afterwards wish to further interact (i.e. you do not wish to further apply for an insurance distributed by **dhig GmbH**), **dhig GmbH** will stop processing your Personal Data, unless it believes there is a prospect of litigation relating to your Personal Data or dealings.
- As a rule, the Insurer will retain your Personal Data for 10 (ten) years from the date your insurance cover or product expires, your Claim has been settled or the business relationship ends, unless a longer retention period is required or is permitted by applicable law and necessary from the Insurer's side.
- **The Controller** will not retain your Personal Data for longer than necessary and will hold it only for the purposes for which it was obtained.
- You may find more detailed information regarding the storage periods for Personal Data by the Insurer in its Privacy Policy.

## With whom the Controllers share your Personal Data

The Controllers may share your Personal Data with:

- Entities within their group companies (including their subsidiaries, affiliates and other entities related), who help in providing and administrating their services (e.g., **dhig GmbH** may share your Personal Data with entities within **Daily Health International Group**)
- Third parties:
  - your family members or other representatives (on behalf of you, where you are incapacitated or unable)
  - your named representatives / contact persons (e.g., your lawyer, your insurance broker or other intermediary)
  - Policyholder of your insurance cover – when you are insured under a group insurance cover (for instance, by your employer or organization you are a member of)
  - their business partners – **the Insurer/dhig GmbH**, co-insurers, reinsurers, underwriters, medical consultants, other insurance and reinsurance intermediaries, TPA (third party administrators – i.e. entities engaged in handling insurance claims, provision of services covered by insurance contracts), providers of medical and other service (included under your insurance cover), translators, fraud detection agencies, collection companies, lawyers, auditors and accountants, as well as other persons involved in claims handling process
  - other service providers retained to perform services on the behalf of the **Controller** or to otherwise support its activities related to processing of your Personal Data (e.g., IT services providers, archiving and shredding companies, external web service providers, direct marketing agencies, consultancy firms, advertising agencies, external call centers, etc.)
  - state and other authorities, to which the **Controller** is obliged to disclose your Personal Data by applicable laws.

## Transfer of Personal Data abroad

Due to different reasons (such as: your requested insurance, specific features of services provided to you, group structure of the **Controller**, other reasons), some of the recipients of your Personal Data may be located abroad. Your Personal Data will be transferred abroad only on the basis of appropriate and suitable safeguards as requested by applicable laws (if any).

Please note, that in accordance with GDPR the controllers and processors of personal data (that are subject to GDPR) are allowed to transfer personal data outside the European Economic Area (the “EEA”) only subject to appropriate and suitable safeguards as foreseen in GDPR - You have the right to obtain a copy of these safeguards or to be referred to where they are available.

For more information on this please see respectively: the Privacy Policy of **dhig GmbH** and the Privacy Policy of the **Insurer**.

## Automated decision-making (including profiling) and profiling

For the purpose of this Notice “**profiling**” means any form of automated processing of Personal Data (i.e., by electronic means, without human involvement), where Personal Data is used for the assessment of particular aspects related to the natural person with regard to their profession, economic position, health, personal preferences, place of residence, etc.

### • For dhig GmbH

Should you apply to **dhig GmbH** for an individual insurance cover, some of decisions in respect of you (which could eventually produce legal effects concerning you or similarly affect you) shall be made automatically (by electronic means), without human involvement. **dhig GmbH** uses automatic decision making when assessing your individual application for insurance, in order to (for instance) identify health and financial risks related to insuring you and, subsequently, to calculate an Insurance Premium and determine other special insurance terms and conditions (like, exclusions, limitations or other), which would be applicable. You have the right to object to any decision producing legal effects concerning you or similarly significantly affecting you if this is based solely on automated decision-making (automated processing of your personal data). You may find further details related to automated individual decision-making by **dhig GmbH** in its Privacy Policy at <https://dhig.net>.

### • For the Insurer

Your Personal Data may become subject to automated decision-making (including profiling) by the **Insurer** through information processing systems (e.g., IT applications, software, electronic calculators, etc.), inter alia, for the following purposes:

- to analyze insurance risk (evaluating **Insurer’s** risk exposure), for identifying potential insurance fraud, for determining a client’s risk for setting Insurance Premium rate – e.g., depending on the specifics of the particular type of insurance, the **Insurer** may use information systems to calculate the probability of occurrence of the insurance event;
- in order to provide you with personalized marketing offers that may be of interest to you (only subject to your prior consent or based on a legitimate interest of the Insurer), i.e., **the Insurer** may conduct profiling to evaluate your situation and anticipate your needs, and thereby to prepare the most suitable offer for you.

For more information on this please see respectively the Privacy Policy of the Insurer.

## Your rights in respect of processing of your Personal Data

You have various rights in relation to your Personal Data, including:

- **The right to access your personal data** - you have the right to obtain a confirmation as to whether or not your Personal Data is processed; and, where that is the case, access to such Personal Data (including receipt of a copy thereof);
- **The right to rectification** – i.e., the right to request correcting of inaccurate Personal Data, as well as your incomplete Personal Data to be completed;
- **The right to erasure** – i.e., the right to request erasure of your Personal Data when there are conditions for such erasure as foreseen in applicable laws (e.g., where the purpose for which Personal Data was collected has been achieved; you have withdrawn your consent when the processing is consent-based and there are no other legal grounds for processing; your Personal Data is being processed unlawfully, etc.);
- **The right to request restriction of processing of your Personal Data** in cases stipulated by applicable laws;
- **The right to data portability** – i.e., the right to request that your Personal Data is provided in a structured, commonly used, and machine-readable format, should your Personal Data be processed by automated means;
- **The right to object processing based on legitimate interest** or for performing a task in the public interest or to exercise an official authority vested in the **Controller**;
- **The right to object to any decision producing legal effects concerning you or similarly significantly affecting you, if this is based solely on automated decision-making, including automated decisions based on profiling;**
- **The right to withdraw your consent** - where your Personal Data is processed based on your provided consent, you shall always have the right to withdraw it. Should you withdraw your consent, the **Controller** may no longer be able to execute actions for which such processing is necessary;
- **The right to lodge a complaint** – if you have a concern or complaint regarding how your Personal Data is processed, please contact the **Controller** in question in the first instance. Furthermore, if you believe that your Personal Data is processed in breach with applicable laws, you can file a complaint respectively with an authorised data processing supervisory authority of the Controller in breach (dhig GmbH or the Insurer). Please note the following:
  - In case when processing of your Personal Data is subject to GDPR and you consider that processing of your Personal Data infringes GDPR – then you have the right to lodge a complaint with a supervisory authority (i.e. an independent public authority responsible for monitoring the application of the GDPR), in particular in the European Economic Area Member State of your habitual residence, place of work or place of the alleged infringement within the European Economic Area.
  - Should you have complaints with regards to how **dhig GmbH** processes your Personal Data as its processor on behalf of the Insurer, you may complain to this **Insurer**.

- as **dhig GmbH** is incorporated under the legislation of the Republic of Austria, you also may lodge a complaint to Österreichische Datenschutzbehörde (webpage: <https://www.dsb.gv.at/>; address: Barichgasse 40-42 ,1030 Vienna, Austria; Telephone: +43 1 52 152-0; E-Mail: [dsb@dsb.gv.at](mailto:dsb@dsb.gv.at)).

## You may exercise your rights by contacting:

- **dhig GmbH** – per e-mails: [contact@dhig.net](mailto:contact@dhig.net) or [data@dhig.net](mailto:data@dhig.net)
- **The Insurer** – per e-mails: [data@dhig.net](mailto:data@dhig.net) and other as indicated in your Policy or Certificate.
- **When applying regarding your rights, please indicate your name, Insurance Contract number, the Policyholder, e-mail address, as well as the essence of your request.**

Insured Person personally ☐

Doctor of the Insured Person ☐

Parent (Legal Guardian) / Legal representative ☐

By typing my name on this Privacy Notice, I am signing electronically, and this electronic signature is the legal equivalent of my manual, handwritten signature.

Name of the person signing:

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Name of the represented person (when this is signed by a parent (legal guardian) / legal representative / Doctor):

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Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Explicit Consent

*A parent or legal guardian should complete this Explicit Consent for a natural person under 18 years old. Legal representative of an Insured Person providing the Travel Claim Form completes this Explicit Consent for his/her represented Insured Person.*

Together with the Travel Insurance Claim Form (the “Form”) you have been provided with the Privacy Notice (the “Privacy Notice”), explaining the most important aspects of how your Personal Data is processed. **Please read the Privacy Notice carefully before deciding on provision of your explicit consent to processing of your Sensitive Personal Data as indicated below.**

Based on the General Data Processing Regulation (GDPR) **your explicit consent is needed to be able to collect, store and use your Sensitive Personal Data for assessing and handling your claims, as well as providing services owed to you under your insurance cover.**

In accordance with the GDPR Sensitive Personal Data means Personal Data that can reveal data subject’s racial or ethnic origin, political opinions, religious or philosophical beliefs or trade union membership; it also refers to the processing of data concerning data subject’s health, sexual orientation, or your sex life.

Please note that:

- **you are not obliged to provide such a consent,**
- **you are entitled to withdraw any your provided consent for processing of your Personal Data (including Sensitive Personal Data) at any time** by writing an e-mail as foreseen in the Privacy Notice.

**However, if you do not provide your explicit consent for processing of Sensitive Personal Data or withdraw it, the Insurer will not be able to assess and handle your Claim and provide related services owed to you under your insurance cover.**

<b>The Insurer</b> may collect, store, and use my Sensitive Personal Data for assessing and handling the Travel Claim Form and the Claim in question, as well as providing related services that are owed to me under my insurance cover.	I agree	I disagree
	<input type="checkbox"/>	<input type="checkbox"/>
In respect of the Form, <b><u>I hereby waive my rights to confidentiality / secrecy of my Sensitive Personal Data</u></b> and authorize my general practitioner, other relevant medical professionals and establishments (e.g. Doctors, Physicians, Therapist, Hospitals and other medical establishments (their stuff)), to provide my medical records, health details and other my Personal Data if requested by the Insurer, its authorised medical advisers or representatives (including the Coverholder and Assistance Service).  Please note that should you refuse to authorize your general practitioner, other relevant medical professionals, and establishments to share your Personal Data with the Insurer, you shall be liable to present all such data to the Insurer yourself.	I agree	I disagree
	<input type="checkbox"/>	<input type="checkbox"/>

Name of the person providing /refusing to provide this explicit consent:

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Name of represented person (when this explicit consent is provided / refused by a legal representative of the Insured Person in question):

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Place: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_