

# Medical certificate for cancellation insurance

Transaction number \_\_\_\_\_ Insurance policy number \_\_\_\_\_

Family name \_\_\_\_\_ Given name \_\_\_\_\_ Date of birth \_\_\_\_\_

Complete address \_\_\_\_\_

Certificate for the trip to \_\_\_\_\_ Period of travel \_\_\_\_\_

### 1) What was the diagnosis of the illness / injury which led to the cancellation of the journey? When did the patient become ill? When did the accident occur?

Diagnosis \_\_\_\_\_ ICD \_\_\_\_\_ Date \_\_\_\_\_

When was a doctor contacted about this problem for the first time? Date \_\_\_\_\_

### 2) Did you receive any medical treatment in the 6 months prior to booking the trip?

If yes, when? \_\_\_\_\_  No

Treatment / therapies / medication \_\_\_\_\_ Date \_\_\_\_\_


(Attach a separate sheet if necessary)

### 3) Were you unable to work?

Yes  No Please attach certificate of incapacity to work

from \_\_\_\_\_ to \_\_\_\_\_

### 4) Was in-patient treatment necessary?

If yes, when and where? \_\_\_\_\_  No

### 5) Pregnancy

a) When was pregnancy confirmed? \_\_\_\_\_ (Please specify the date and the week of pregnancy)

b) Did complications cause the cancellation of the trip? Please specify the complications. \_\_\_\_\_

Date \_\_\_\_\_

### 6) Psychiatric illnesses

a) Did you apply to your health-insurance provider for out-patient psychotherapy treatment?  Ja  No  
Please attach evidence of the approval.

b) Did you receive treatment from a psychiatric specialist Please attach evidence.  Ja  No

### 7) Given the diagnosis, when was it no longer certain that you could travel as planned?

Date \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_ Stamp and signature of the doctor providing treatment \_\_\_\_\_

## Declarations by the insured

### Consent for the collection and use of health-related data and release from the obligation of confidentiality.

You are at liberty to refuse to grant consent or to revoke consent at any subsequent time with effect for the future by contacting the above address. However, we wish to point out that if we are unable to process health-related data you cannot normally take advantage of our cancellation insurance policies.

#### 1. The collection, archiving and use by ERGO Reiseversicherung AG of data you provide.

I agree that as part of this claim ERGO Reiseversicherung AG (ERV) can collect, archive and use the health-related data which has been disclosed to the extent that this is necessary to assess their liability.

#### 2. Transmission of your health-related data and other protected data as defined in § 203 of the German Criminal Code to bodies outside ERV.

ERV places the following bodies under a contractual obligation to comply with the requirements of data protection and data security.

##### 2.1. Disclosure of data for medical assessment

It can be necessary to involve independent medical experts in the examination of our liability. ERV needs your consent and your release from the obligation of confidentiality if your health-related data and other data which is protected by § 203 of the German Criminal Code is disclosed in this connection. You will be informed about the disclosure of this data.

I agree that ERV may disclose my health-related data to independent medical experts to the extent that this is necessary in the examination of liability, and that my health-related data is used there for this purpose and the findings communicated back to ERV. I release persons acting for ERV and the independent medical experts from their obligation of confidentiality in respect of my health-related data and additional data which is protected by § 203 of the German Criminal Code.

##### 2.2. Transfer of work to other bodies (companies or persons)

ERV itself does not undertake certain tasks, for example customer service by phone, during which your health-related data may be collected, processed or used, but transfers these tasks to ERGO Versicherungsgruppe AG or another body. If your data which is protected by § 203 of the German Criminal Code is disclosed as part of this process, ERV needs your release from the obligation of confidentiality for itself and, to the extent necessary, for the other bodies. ERV maintains a list, which it constantly updates, of the bodies and categories of bodies which collect, process or use health-related data according to an agreement concluded with them; the list also includes information on the work placed with them. An up-dated list of ERV's service-providers can be seen in the Internet at [https://www.ergo-reiseversicherung.de/\\_pdf/datenschutz/liste-der-dienstleister.pdf](https://www.ergo-reiseversicherung.de/_pdf/datenschutz/liste-der-dienstleister.pdf) or can be requested at [contact@ergo-reiseversicherung.de](mailto:contact@ergo-reiseversicherung.de). ERV needs your consent so it can disclose your health-related data and arrange for it to be used by the bodies specified in the list.

I agree that ERV may disclose my health-related data to the bodies specified in the above-mentioned list and that the health-related data may be collected, processed and used by these bodies for the purposes listed to the same extent that would be allowed for ERV. In so far as is necessary I release the staff of ERGO Versicherungsgruppe AG and other bodies from their obligation of confidentiality in respect of the disclosure of health-related data and other data protected by § 203 of the German Criminal Code.

#### Consent to communication by unencrypted email during the settlement of a claim.

Consent to communication by unencrypted email during the settlement of my claim.  
I am aware that unauthorised third parties can sometimes gain access to the content of emails.

I consent to unencrypted emails being used and sent to my email address [redacted] in the course of the settlement of my claim. This consent also extends expressly to health-related data. I can revoke this consent at any time at [leistung@ergo-reiseversicherung.de](mailto:leistung@ergo-reiseversicherung.de) or by phoning +49 89 4166 -1799.

I want this claim to be settled by post.

#### Disclosure of data in the event of recourse to third parties

We hereby also inform you that in order to assert or defend recourse claims relating to the claim, personal (health-related) data can be collected from private insurers and statutory healthcare insurers to the extent necessary, and can be disclosed to private insurers, accident insurers, tour operators, airlines, brokers and shipping companies. The assertion of a recourse claim can occur, for instance, if ERV reimburses treatment costs and these costs are sometimes claimed back by ERV from a private

#### Declarations for co-insured persons

I also make this declaration for my co-insured children and co-insured persons whom I legally represent but who are unable to assess the significance of these declarations for themselves.

**I am aware that the examination of liability can be delayed if I fail to provide the statements requested.**

Place

Date

Applicant's signature