

Care College オンライン申し込みの記入方法

Care College

online applica

Health insurance for language pupils & students

Notes on completing the form

After having filled out the online form, you will receive a printable insurance certificate by e-mail, if all information are complete and valid. You can generally already use this to apply for or extend the visa or residence permit. After successful assessment of your application we will also send you an original copy of the insurance policy, pre-printed medical treatment certificates and an insurance card by mail within two working days.

Help: auxiliary information you will find touching the  next to the respective fields.

Important questions

今までCare Concept社の保険に加入したことはありますか？

Has the insured person already been insured with ourselves?

Yes No

今までドイツで健康保険に加入したことがありますか？

Did the IP hold health insurance in the travel country before commencement of coverage?

Yes No

Policyholder / Contracting Party

保険名義人は法人ですか？（個人の場合はNoにチェック）

Is the insured party a company?

Yes No

Salutation

First name

Last name




生年月日 Date of birth

Age

Mr. 

Nomee 下の名前

Myouji 名字

23  10  1995 

21

日 月 年

Are the policyholder and the insured person identical?

Yes

保険の名義人と保険対象者は同一ですか？（同一であれば Yes）

男性はMr.

女性は Ms.を選択

Policyholder's address/Contact information

c/o ~様方（空欄可）

Street no 番地

Postal code City 郵便番号 市区町村

Region* | Country 空欄 Japan 

国を選択

If the policyholder's name is not on the letter box, please enter the displayed name in the field c/o.

Insured person

Salutation

First name

Last name

Date of birth




Age

Nationality


Mr. 

Nomee

Myouji

23  10  1995 

21

Japan 

国籍を選択


Information about health insurance | Show premium table

Insurance plan

契約開始日（入国日）

Inception date

Duration

Care College Comfort 

25  04  2017 

12 Months 

希望プランを選択


日 月 年

契約期間を選択


プランの確認はここをクリック

Information about stay abroad

Residence before starting trip 




滞在中の国 Country of stay 


Entry/departure date 

Reason for stay abroad 

Japan 

Germany 

25  04  2017 

Working Holiday 

Select as the country of stay the country in which you will be residing during the term of the insurance cover.

渡航前に住んでいる(た)国

日 月 年

滞在の理由を選択

Information about liability- and accident insurance

Do you want to take out liability and/or accident insurance?

賠償責任保険・事故保険プランに加入する場合は Yes、しない場合は No。
(Yesを選択した場合のみ以下のプラン選択欄が表示されます。)



Yes No


Information about liability- and accident insurance

希望プランを選択


契約開始日（入国日）

契約期間を選択

Premium*

Type M 

25  04  2017 

12 Months 

€ 48,00 one-off

* The premium will be shown after choosing the payment method.

The premium for the liability insurance respectively liability and accident insurance can only be paid monthly if you selected *monthly* and *Direct debit* as the method of payment and chose at least 6 months as *term of insurance*.

Liability insurance protects you against claims for damages from a third party.

Accident insurance protects against financial hardships incurred through the reduction of your ability to work either because of a disability or

death following an accident.

In addition to health insurance we offer – in a legally separate policy – personal liability insurance or a personal liability/accident insurance package with the following scope:

Liability insurance	Type S	Type M	Type XL
Lump sum coverage for personal injury and property damage	EUR 1 Mio.	EUR 2 Mio.	EUR 2.5 Mio.
Deportation costs to cover undertakings of the policyholder versus German authorities	EUR 1,000	EUR 2,000	EUR 3,000
Co-insurance of damage to rented property for immovable objects, deductible 10%, minimum EUR 250.00 per claim	EUR 10,000	EUR 25,000	EUR 50,000
Loss-of-key cover for private dwellings (resp. room or apartment), deductible EUR 100.00 per claim	-	-	EUR 1,000
General deductible per claim	EUR 250	EUR 0	EUR 0

Accident insurance	Type S	Type M	Type XL
Basic invalidity amount	-	EUR 30,000	EUR 40,000
Maximum invalidity sum with progressive scale 350%	-	EUR 105,000	EUR 140,000
Death benefit in the event of accidental death	-	EUR 15,000	EUR 25,000
Salvage costs following an accident	-	EUR 7,500	EUR 10,000
Cosmetic operations due to an accident	-	EUR 2,500	EUR 5,000
Monthly premium*	EUR 2	EUR 4	EUR 7.50
Minimum premium	EUR 10	EUR 12	EUR 15

* The premium must be paid as a single premium for the entire term. Insurance cover only exists, if the insurance premium is paid completely.
For a complete list of benefits see the **Conditions of liability/accident insurance**.

Please choose how you want to pay the insurance premium ■ 支払い方法を選択

- Direct debit monthly** 毎月引き落とし (要ドイツ口座) **Direct debit one-off** 一括引き落とし (要ドイツ口座)
- Bank transfer monthly** 毎月振込み **Bank transfer one-off** 一括振込
- VISA** one-off 一括カード払い **PayPal** one-off 一括PayPal払い

If paying by bank transfer or paying in cash, you should always make sure that the money will be received on time and that you indicate your policy number as well as the period to which the payment relates.

In case of payment-interval *one-off* the premium will be collected for the entire period of coverage at the beginning of the agreed cover period.

Premium calculation

ここに支払い方法による保険料が表示されます

€ 420,00 one-off	Health insurance
€ 48,00 one-off	Liability insurance
	Accident and liability insurance

The health insurance premium increases as of the month 18 up to € 59.00 monthly (18ヶ月後以降は保険料は異なります)

Additional information for contact in the event of questions

e-mail Area code* Telephone* Fax-no.* Where did you hear about us?

Here you can fill in a further e-mail-address, to which we will send the insurance documents additionally.*

上記メールアドレス以外のアドレスでもメールを受け取る場合にここにメールアドレスを記入

The fields marked with an * asterisc are not compulsory for conclusion of the policy, but it makes easier to approach you. You won't unrequested advertising by e-mail.

Agency / broker number エージェント番号記入欄 エージェント番号を入力して申し込んだ場合に日本語でサポート致します。
この項目が表示されていない場合も問題なくサポート致します。

Agency number or broker number at the Care Concept AG =>

こちらの番号を入力

Conditions health insurance

By clicking on the adjoining field you are confirming that you have read, understand and agreed the following conditions. At the same time you are confirming that you have printed and / or downloaded the following conditions:

- **Terms and conditions**
- **Conditions health insurance**
- **Information on the [German] Long Distance Sales Act (Fernabsatzgesetz)**
- **Explicit statements**
- **Product information sheet**
- **Consumer information**

ここをチェック

Conditions of liability/accident insurance

By clicking on the adjoining field you are confirming that you have read, understand and agreed the following conditions. At the same time you are confirming that you have printed and / or downloaded the following conditions:

- **Conditions of liability/accident insurance**
- **Product information sheet**
- **Consumer information**

ここをチェック

Send application

By sending the form you are entering into a binding agreement to conclude an insurance policy via Care Concept® AG in Bonn with HanseMerkur Reiseversicherung AG . On beginning studies at a German college or university, you are normally covered by the statutory health insurance. After sending you will receive a confirmation of receipt of your application and a few minutes later an e-mail with your documentation. We will send you your written documents by mail within two working days. In the event of further questions Care Concept is only to be pleased to be of service in several languages on the free number from the fixed-line telephone network in Germany 0800 977 35 00 otherwise dial +49 228 97735-11.

Send application

ここをクリックして、入力確認画面へ

※ 次の入力確認画面で、内容を確認して 申し込みボタンをクリック

保証内容は以下のページでご確認頂けます。

<http://dj-finanz.de/care-college/>

ご質問、お問い合わせは以下までどうぞ

info@dj-finanz.de

Line ID: shigeyamakata

山片重嘉

Shigeyoshi Yamakata

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