

Surname	First name
Date of birth	Postcode, town/city
Street, number	
employed at	

Health Questionnaire

Membership number _____

1. Body height: _____ cm Body weight: _____ kg		Please mark the appropriate box, in case of »yes«, please specify, if necessary, on a separate page
Do you feel healthy at the moment?	<input type="checkbox"/> yes <input type="checkbox"/> nein	
2. Do you suffer from or suffered from diseases, disorders, complaints		
a) of the heart or the circulatory organs ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
b) of the respiratory organs ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
c) of the digestive organs ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
d) of the urinary or genital organs ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
e) of the brain or spinal cord , the nerves , of mood or mental disorders including attempted suicide ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
f) of the eyes or ears ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
g) of the joints including the spinal column ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
h) of the glands, spleen, blood including diabetes ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
i) of tumours , particularly cancer ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
k) of the skin or bones ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
l) of infectious diseases including HIV positive ?	<input type="checkbox"/> yes <input type="checkbox"/> no	
m) of other diseases, afflictions, physical defects or complaints that are not explicitly referred to?	<input type="checkbox"/> yes <input type="checkbox"/> no	
3. a) Did you suffer accidents, injuries or poisoning? If yes, what kind? Consequences?		
<input type="checkbox"/> yes <input type="checkbox"/> no		
b) Is there any reduction in earning capacity or a handicap/ severe disability? Did you submit an application for any of these conditions? What degree of handicap has been acknowledged? (Please enclose a copy of medical records)		
<input type="checkbox"/> yes <input type="checkbox"/> no		
c) Did you or do you receive or intend to apply for war, accident or disability pension? Reasons? (Please enclose a copy of medical records)		
<input type="checkbox"/> yes <input type="checkbox"/> no		
4. Did you have surgery or are you scheduled for an operation?		<input type="checkbox"/> yes <input type="checkbox"/> no
5. Are there any health-related consequences from health disorders or injuries?		<input type="checkbox"/> yes <input type="checkbox"/> no

The personal data relating to the insurance contract will be processed in accordance with the requirements of the EU General Data Protection Regulation (GDPR) and the new version of the Federal Data Protection Act (BDSG) within the meaning of Article 4 (2) GDPR.

I acknowledge that I am aware of the separate references to the consequences of a breach of the duty to disclose* and the authorisation to release doctors from a duty of confidentiality*, I confirm that I have received them and, by signing the contract, I make the notices and declarations part of the contract. (* See overleaf). I have answered the questions above fully and truthfully.

Place, Date _____

Signature of the applicant _____

For children under 18: signature of the person with parental responsibility also required

Send to

**Pensionskasse
für die Deutsche Wirtschaft
Postfach 10 10 54
47010 Duisburg**

Amendments to the Insurance Contract Act have generally led to improvements for policyholders. In particular, the definition of breaches of the duty of disclosure and the consequences that may result has led to changes that Pensionskasse für die Deutsche Wirtschaft (PKDW) must inform its members about. The current legal situation is as follows:

1. Separate references to the consequences of a breach of duty

The scope of your duty of disclosure is limited by legal provisions to circumstances about which PKDW asked you in writing before the contract was signed. In this context, you are required to disclose any material facts that you are aware of that are important for contract declarations (such as the declaration of acceptance). If PKDW asks you any further questions in writing during the period between conclusion and acceptance of the contract, you will be required to answer these questions truthfully as well.

If you breach your duty of disclosure, PKDW may withdraw from the contract. However, PKDW shall not have the right to withdraw if you have not intentionally breached your duty of disclosure or if you have done so as a result of gross negligence. In this situation arises, PKDW may terminate the contract with one month's notice.

PKDW shall not have the right to withdraw from the contract because of a grossly negligent breach of the duty of disclosure, or the right to terminate in the event of a slightly negligent or unjustifiable breach of the duty of disclosure, if PKDW had concluded the contract even though the circumstances had not been disclosed, even if this occurred under different terms and conditions. At PKDW's request, the other terms and conditions would retrospectively form part of the contract, with effect from the current period of validity of the policy, if the breach was not your fault. If the premium increases by more than 10% as a result of one of the contract changes requested by PKDW or if PKDW excludes cover for correctly or incorrectly disclosed facts, you may cancel the contract within one month following receipt of notification, without the need for a period of notice

PKDW also has the right to contest the contract in the event of wilful misrepresentation, if you deliberately and intentionally influenced PKDW's declarations by providing inaccurate or incomplete information.

If PKDW withdraws from or contests the contract, it will be cancelled retrospectively, upon receipt of the declaration. You will then have no insurance cover. However, if PKDW has declared that it will withdraw from the contract after the risk materialises, the duty to settle the claim shall continue to exist if it can be proven that the material fact, whether it was not stated or was incorrectly stated, was responsible either for the risk materialising or being established, or for establishing or deciding the extent of PKDW's duty to settle the claim. If PKDW withdraws from or contests the contract, it shall be entitled to the part of the fee for the period of the contract up to the date the announcement comes into effect.

PKDW shall not have the right to withdraw from, terminate, modify or contest the contract if PKDW was aware of the undisclosed material fact or the inaccuracy of the disclosure.

2. Authorisation to release individuals and institutions from the duty of confidentiality for rate A with occupational disability pension

If you apply for the occupational disability pension, you will release doctors, other health care professionals, care workers, hospital staff, other hospitals, care homes, personal insurers, statutory health insurance companies, professional associations and public authorities from their statutory duty of confidentiality and allow PKDW to obtain all the information it requires. This will allow PKDW to verify whether you have an occupational disability in accordance with PKDW's general terms and conditions for insurance. When this situation arises, policyholders will be specifically asked to release the individuals and institutions named above from their duty of confidentiality.

You will also be aware that you are also able to provide the required documents yourself at your own expense. A decision not to consent to releasing individuals and institutions from their duty of confidentiality may lead to a delay in dealing with a claim, a reduction in the amount paid out or may even release PKDW from its obligation to pay a claim, if the remaining sources of information provide no or only partial grounds for PKDW to settle the claim.