



# Insurance Conditions

Genki Native — Worldwide Health Insurance

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# 1. Introduction

**Genki Native** is group health insurance for frequent travelers and remote workers like digital nomads and expats. It covers Your healthcare costs around the world, as described in this document.

The following parties are involved in providing You with this insurance and its benefits:

- We are **Genki**, dedicated to supporting the health and well-being of frequent travelers and remote workers like digital nomads and expats around the world. Just like this insurance and this document, We aim to be clear, transparent, reliable, and easy to understand.

Together with the Insurer, We developed and concluded this group health insurance, including a fast Reimbursement process exclusively for the Association mentioned below. We are the Policyholder of this group insurance, Your broker, and are responsible for customer care.

- The Insurer is **Squarelife**, an experienced and modern insurance company in Liechtenstein.
- The non-profit Association **Nomads for Impact** in Germany supports digital nomads and allows You and Us to make a positive impact on the environment and communities around the world.
- Emergency Assistance is provided by **MCI Assist**. They are experts in 24/7 medical support worldwide. They coordinate Hospital admissions including direct billing, monitor the quality of Hospital treatment, organize medical transport to another country, and help find the best care.

For Your convenience and to help You fully understand this insurance, We use simple English for this document. Many terms used in this document (like You and We) are clearly defined under [Definitions](#).

## 2. Benefits

- 1) Your Insurance covers Your Medically Necessary treatment for Illnesses, Accidents, and other benefits that apply to You, as listed below.
- 2) You are covered in every country worldwide. Some limits apply under “Region of coverage” below.
- 3) Your coverage depends on Your Deductible and Variant (indicated on Your Certificate of Insurance).
- 4) Benefits marked with a green checkmark are covered by that Variant.  
Benefits marked with a red cross are not covered by that Variant.
- 5) If an amount is indicated, coverage for that benefit is limited to that amount.
- 6) If a Waiting Period is indicated, coverage for that benefit only starts after that Waiting Period.
- 7) Some benefits require Prior Approval by the Insurer. In such situations, You will discuss the best course of action with the Insurer. They determine under what conditions coverage can be provided.
- 8) There is no coverage for anything listed under [Exclusions](#).

Overview	Basic	Premium
<b>Maximum benefits amount</b> (combined limit for everything covered under Your Insurance)	€1 million per Insurance Year	unlimited
<b>Accidents &amp; emergencies</b> (it does not matter whose fault it is, just get well soon)	✓	✓
<b>Illnesses &amp; ailments</b> (from the common cold to diseases that You never heard of)	✓	✓
<b>Chronic conditions</b> (including cancer, diabetes, Crohn's, and other frustrating ones)	✓	✓
<b>Outpatient medical treatment</b> (Doctor's visits & Hospital stays without a bed assigned to You)	✓	✓
<b>Inpatient medical treatment</b> (Hospital stays with a bed assigned to You)	✓	✓
<b>Free choice of Doctors and Hospitals</b> (or any other medical practitioner)	✓	✓
<b>Emergency medical transport to a suitable hospital</b> (by road, air, water, or rail ambulance)	✓	✓
<b>Direct payment to any Hospitals (Inpatient)</b> (including a guarantee of payment upfront)	✓	✓
<b>Direct payment to selected Doctors (Outpatient)</b> (not available – We are still working on this one)	✗	✗
<b>Deductible options (applies to Outpatient only)</b> (You pay some expenses by Yourself to get a lower insurance price)	€0, €500, or €1,000 per Insurance Year	€0, €500, or €1,000 per Insurance Year

Medical treatments	Basic	Premium
<b>Medical consultations</b> (You visit a Doctor to investigate a medical condition You have)	✓	✓
<b>Medical examinations</b> (including CT, MRI, PET, and other cool abbreviations)	✓	✓
<b>Medical procedures &amp; related expenses</b> (including surgery, dialysis, colonoscopy, and chemotherapy)	✓	✓
<b>Organ transplants</b> (costs of the recipient and the awesome donor, but not for search)	✓	✓
<b>Prescribed medication, medical materials &amp; devices</b> (including drugs, bandages, crutches, wheelchairs)	✓	✓
<b>Physiotherapy</b> (only if prescribed)	✓	✓
<b>Palliative care</b> (relief from symptoms, pain, and stress of a serious disease)	✓	✓
<b>Rehabilitation (Inpatient &amp; Outpatient)</b> (if the related Hospital stay was covered and within the past month)	✓ 20 days per Insurance Year	✓ 30 days per Insurance Year
<b>Second Doctor's opinion</b> (better safe than sorry in serious cases)	✓ requires Prior Approval	✓ requires Prior Approval

Inpatient hospital stays & home care	Basic	Premium
<b>Accommodation &amp; meals</b> (double room, if available, and standard meals)	✓	✓
<b>Blood bag transport (organized by the Hospital)</b> (in case Your blood type is not available locally when needed)	✓	✓
<b>Life-sustaining medical devices</b> (ventilators, pacemakers, insulin pumps, and other fancy machines)	✓	✓
<b>Single-room accommodation</b> (an upgrade to stay for Yourself and enjoy the silence)	✗	✓
<b>Home nursing care (only Medically Necessary care)</b> (immediately after or as a replacement for a covered Inpatient stay)	✗	✓ requires Prior Approval
<b>Additional bed for one parent</b> (during an Inpatient stay of Your insured child)	✗	✓
<b>Babysitting of Your children (organized by You)</b> (during Your Inpatient stay if Your family cannot take care of them)	✗	✓ €45 per day for 7 days
<b>Comfort benefits</b> (TV, internet, telephone, pizza delivery, etc.)	✗	✗

<b>Transport</b>	<b>Basic</b>	<b>Premium</b>
<b>Emergency transport to the nearest suitable hospital</b> (by road, air, water, or rail ambulance)	✓	✓
<b>Transport to and from specific Outpatient treatment</b> (for covered dialysis, radiation-, or chemotherapy)	✓	✓
<b>Transport to another country for medical reasons</b> (for serious surgeries or long-term recovery)	✓ requires Prior Approval	✓ requires Prior Approval
<b>Transport of mortal remains to another country</b> (relevant to Your family – do not worry about this one)	✓ requires Prior Approval	✓ requires Prior Approval

<b>Preventive care</b> (You decide what You get checked)	<b>Basic</b>	<b>Premium</b>
<b>Maximum benefits amount</b> (combined limit for everything covered under “Preventive care”)	<b>no coverage</b>	<b>€250</b> per Insurance Year
<b>Checkups</b> (routine health assessments for the early detection of diseases)	✗	✓
<b>Preventive medical examinations</b> (including Pap test, colonoscopy, sonography, cancer screening)	✗	✓
<b>Preventive laboratory tests</b> (including cholesterol LDL/HDL, triglycerides, glucose, and STDs)	✗	✓
<b>Vaccinations</b> (including malaria, rabies, hepatitis, tetanus, and yellow fever)	✗	✓
<b>Genetic testing</b> (analyzing Your DNA to identify potential genetic predispositions)	✗	✗

<b>Alternative care</b> (only covered if prescribed or Prior Approval was given)	<b>Basic</b>	<b>Premium</b>
<b>Maximum benefits amount</b> (combined limit for everything covered under “Alternative care”)	<b>no coverage</b>	<b>€500</b> per Insurance Year
<b>Osteopathy &amp; chiropractic</b>	✗	✓
<b>Massages &amp; acupuncture</b>	✗	✓
<b>Homeopathy</b>	✗	✓
<b>Traditional Chinese medicine</b>	✗	✗
<b>Other alternative care</b>	✗	✗

Dental care	Basic	Premium
<b>Maximum benefits amount</b> (combined limit for everything covered under “Dental care”)	no coverage	€2,000 per Insurance Year
<b>Pain relief</b> (but it is better to make use of Your checkup and cleaning benefits)	✗	✓
<b>Fillings</b> (including high-quality materials and repairs)	✗	✓
<b>Inlays &amp; onlays</b> (including high-quality materials and repairs)	✗	✓ 12-month Waiting Period*
<b>Crowns &amp; bridges</b> (including high-quality materials and repairs)	✗	✓ 12-month Waiting Period*
<b>Extractions</b> (removal of teeth – ouch)	✗	✓
<b>Checkups</b> (very helpful to avoid very unpleasant dentist visits)	✗	✓
<b>Professional cleaning</b> (also helpful to avoid unpleasant dentist visits and feels so good)	✗	✓ €200 per Insurance Year
<b>Dentures</b> (removable replacements for missing teeth, including repairs)	✗	✓ 12-month Waiting Period*
<b>Implants</b> (artificial tooth roots, surgically placed into the jawbone – ouch)	✗	✗
<b>Bleaching</b> (whitening and brightening of discolored teeth)	✗	✗
<b>Orthodontics</b> (correction of irregularities of teeth and jaw, including Invisalign®)	✗	✗
<b>Other dental treatment</b> (if prescribed, like infection treatment, or root canal therapy)	✗	✓

\* There is no Waiting Period if treatment is needed as a result of an Accident proven to the Insurer by a Doctor or a police report.

Vision care	Basic	Premium
<b>Prescribed examinations</b> (usually because of problems with Your eyesight)	✓	✓
<b>Preventive checkups</b> (including eye exams and vision screenings)	✗	covered under “Preventive care”
<b>Frames &amp; lenses</b> (if prescribed by a medical eye care professional)	✗	✓ €250 per Insurance Year
<b>Contact lenses</b> (if prescribed by a medical eye care professional)	✗	✓ €250 per Insurance Year
<b>Eyesight correction surgery</b> (including contact lens implants and laser surgery)	✗	✗

Mental health care	Basic	Premium
<b>Inpatient psychiatric care</b> (mental health treatment that requires intensive care & supervision)	✓	✓
<b>Inpatient psychotherapy</b> (admitted to a psychiatric facility for intensive mental health care)	✗	✓
<b>Outpatient psychological treatment</b> (including psychiatrists, psychologists & psychotherapists)	✗	✓ requires Prior Approval
<b>Psychotherapy apps</b> (only if psychotherapy is prescribed; includes BetterHelp™)	✗	✓ requires Prior Approval

Maternity care (only covered if You are the one pregnant)	Basic	Premium
<b>Waiting period</b> (for everything under “Maternity care” unless stated otherwise)	-	12 months
<b>Prenatal checkups</b> (routine pregnancy checkups for the health of You and Your baby)	✗	✓
<b>Ultrasounds</b> (as many as Your Doctor considers Medically Necessary)	✗	✓
<b>First-trimester screening</b> (procedure to check for chromosomal abnormalities early)	✗	✓
<b>Amniocentesis</b> (procedure to check Your baby’s health through womb fluid)	✗	✓
<b>Preparation courses &amp; postnatal exercises</b> (preparation for having a baby & recovery after childbirth)	✗	✓ €500 per pregnancy
<b>Midwives, birth assistants &amp; obstetrics</b> (expert support during and after pregnancy and childbirth)	✗	✓
<b>Childbirth</b> (at a regular hospital)	✗	✓
<b>Childbirth</b> (at home)	✗	✓
<b>Childbirth</b> (at a birthing center)	✗	✗
<b>Postnatal care</b> (relevant checkups, support, guidance, and vaccinations)	✗	✓
<b>Complications</b> (unexpected severe deterioration of the health of You or Your baby)	✓ no Waiting Period	✓ no Waiting Period
<b>Termination</b> (Medically Necessary)	✓ no Waiting Period	✓ no Waiting Period
<b>Termination</b> (not Medically Necessary)	✗	✗

<b>Sports &amp; activities</b> (coverage of treatment for harm caused by these)	<b>Basic</b>	<b>Premium</b>
<b>Climbing</b> (any kind)	✓	✓
<b>Cycling &amp; mountain biking</b> (any kind)	✓	✓
<b>Diving</b> (any kind and depth)	✓	✓
<b>Hiking, trekking &amp; mountaineering</b> (any kind and all the way to the top)	✓	✓
<b>Martial arts</b> (any kind, including Muay Thai)	✓	✓
<b>Motorcycle &amp; -scooter driving</b> (You as the driver must wear a helmet, optional as the passenger)	✓	✓
<b>Parachuting &amp; -gliding, skydiving &amp; base jumping</b> (any kind)	✓	✓
<b>Sailing</b> (any kind, including coastal and offshore)	✓	✓
<b>Skiing &amp; snowboarding</b> (any kind)	✓	✓
<b>Surfing</b> (any kind)	✓	✓
<b>Other sports</b>	✓	✓
<b>Professional sports</b> (meaning You receive regular compensation for Your participation)	✗	✗

<b>Region of coverage</b> (You are covered in all countries, but some are limited)	<b>Basic</b>	<b>Premium</b>
<b>Canada &amp; USA</b> (these have by far the most expensive healthcare, unfortunately)	! always limited*	! always limited*
<b>Countries of citizenship</b> (You are a citizen of these countries)	! always limited*	✓ excluding Canada & USA
<b>All other countries</b> (countries not listed above)	✓	✓

\* Coverage in these countries is limited to a combined total of **30 days** and **€250,000** per Insurance Year, and to **Life-threatening Emergencies & transport to another country**.



### 3. Exclusions

- 1) If coverage, limits, and exclusions conflict, the exclusions apply unless explicitly stated otherwise.
- 2) Your Insurance does not cover:
  - a) Everything under [Benefits](#) marked with a red cross or indicated as not included
  - b) Medical treatment that is not performed by a Doctor
  - c) Treatment that is not Medically Necessary unless listed under “Preventive care” under [Benefits](#) and not explicitly stated as covered
  - d) Costs that other insurance or public healthcare covers for You
  - e) Costs for ambulances that are not officially recognized or permitted to operate locally
  - f) Harm caused by operating a motorcycle or scooter as the driver without wearing a helmet
  - g) Harm caused by taking part in crimes or wars
  - h) Harm caused by taking part in Professional Sports
  - i) Harm caused by Yourself intentionally or by addiction
  - j) Treatment at health resorts, sanitariums, or spa-like establishments
  - k) Treatment by Yourself or Your Family Members
  - l) Treatment for hair loss including hair transplants or for losing or gaining weight
  - m) Treatment for improving appearance (cosmetic) or for beauty reasons (aesthetic)
  - n) Treatment not prescribed by a Doctor, unless its coverage is stated explicitly
  - o) Treatment prescribed or started before Your Insurance begins or after it ends
  - p) Treatment prescribed or started within a related Waiting Period
  - q) Treatment related to gender reassignment or problems with sexual function or getting pregnant
  - r) Treatment or accommodation in a hospice (palliative care remains covered under [Benefits](#))
  - s) Esoteric, herbal, and complementary treatment
  - t) Experimental and investigational treatments
  - u) Excessive, unreasonable, and unusual costs considering the region in which they were incurred
  - v) Brand-name medication where a generic option is available and can be prescribed
  - w) Birth control, home pregnancy tests, thermometers, and blood pressure monitors
  - x) Dietary supplements, and products to help stop smoking
  - y) Services and support for elderly people that are primarily custodial
  - z) Search & Rescue (road, air, water, and rail ambulance remains covered under [Benefits](#))

## 4. Qualification

To qualify for coverage under this insurance, the following conditions apply.

- 1) You, as the Insured Person, must be at most 55 years old on the date Your Insurance starts.
- 2) This insurance is available exclusively to members of the Association. When You successfully sign up for Your Insurance through the [Website](#), You, as the Payer, will become a passive member of the Association for the entire period of Your Insurance, free of charge.
- 3) You only qualify for this insurance after the explicit approval by the Insurer. They decide about Your application. That includes the approval given through the application process on the [Website](#).
- 4) You must provide all information that We or the Insurer request when You sign up for this insurance completely, accurately, truthfully, and in good faith.

As per [§19](#) VVG, failure to do so allows the Insurer to cancel Your Insurance, even retroactively.

For more information, please refer to the [important notes for answering the application questions](#).

## 5. Start of coverage

- 1) You choose the day Your Insurance starts when You apply. It will be the first day of coverage. It cannot be earlier than the day after the day You submit Your application for Your Insurance.
- 2) We provide You with Your Certificate of Insurance which confirms the date Your Insurance starts.

## Newborns & adoption

- 3) In case the Insured Person is a newborn, at least one parent has been insured under this insurance for at least three months, the newborn is with that parent on the day of birth, and coverage for the newborn is requested in writing within two months after their day of birth:
  - a) The insurance starts from the day of birth.
  - b) There is no Waiting Period for any benefit.
  - c) The insurance cannot provide more coverage than that of the parent.
  - d) The birth certificate of the newborn must be provided upon request.
- 4) The adoption of a child is treated the same as a newborn under point 3), as long as the child is less than 18 years old at the time of adoption. If there is a higher risk involved due to the medical condition of the child, there may be a risk surcharge of no more than 100% of the normal price.
- 5) [§198](#) VVG applies for conditions and coverage related to newborns and adopted children.

## 6. End of coverage

- 1) Your Insurance provides You with long-term coverage. It does not end at a certain age or after a certain period. It cannot be canceled just because You received any benefits from it.
- 2) Your Insurance only ends if it is canceled in one of the following ways and at a certain effective date. The effective date is the first day You are no longer covered by Your Insurance.
  - a) You request a cancellation. The effective date must match these conditions:
    - It cannot be within the first Insurance Year (the minimum contract period).
    - It must be after the date You request the cancellation.
    - It must be after the period for which You have already paid.
    - It must be on the same day of the month as when Your Insurance started. For example, if Your Insurance started on the 15th the effective date of the cancellation must also be on the 15th. If that day does not exist in the month, then it must be on the last day of the month.
  - b) You request a cancellation within two months after Your price has increased because Your age has changed ([§ 205 \(3\) VVG](#)). The effective date is when that price increase became effective.
  - c) You request a cancellation because You are covered under mandatory local health insurance. The following conditions apply:
    - Your mandatory coverage started no earlier than Your Insurance with Us, meaning it is new.
    - You provide Us with proof that You are covered under such insurance and from what date.
    - The effective date cannot be more than one month before You request the cancellation.
  - d) The Insurer cancels because You did not fulfill Your [Obligations](#) or You have committed fraud. The effective date depends on the circumstances.
  - e) The Insurer cancels because of Your death. The effective date is the day after the day of death. Benefits related to Your death remain covered.
  - f) The Insurer discontinues this product and cancels this insurance for all our customers at once, including Your Insurance. The effective date would be Your next Yearly Renewal Date.
- 3) You can revoke the contract anytime before Your Insurance starts and also within 14 days after You have received Your Certificate of Insurance. Please refer to the [notice regarding revocation](#).
- 4) You can schedule a cancellation or revoke the contract in the following ways:
  - a) In the [Member Center](#). This is the easiest and fastest way with an instant confirmation.
  - b) By email to [help@genki.world](mailto:help@genki.world). This involves a manual review and takes more time.

## 7. Price

- 1) Your price, also known as the “insurance premium”, is indicated on Your Certificate of Insurance.
- 2) Your price depends on Your age, Deductible, and Variant.
- 3) Your price will change as You get older. When You reach an age that affects Your price, the new amount will take effect from Your next Yearly Renewal Date.
- 4) Every year, the Insurer compares the expected insurance costs against the actual costs for all customers. If needed, the Insurer adjusts the prices for all customers and Your price change will take effect from Your next Yearly Renewal Date. We will notify You by email at least two months before the changes become effective.
- 5) Health insurance premiums are tax-free under [section 4](#) no. 5 of the Insurance Tax Act (VersStG). Should taxes become applicable in the future, We will add them to Your bill.

## 8. Payment

- 1) We collect Your payments for the cost of Your Insurance on behalf of the Insurer.
- 2) You make Your first payment to Us when You sign up for Your Insurance.
- 3) Recurring payments are due each month and on the same day of the month as Your first payment. If that day does not exist in a month, the payment is due on the last day of the month.
- 4) Recurring payments are attempted automatically using the payment method of Your last payment. If the first payment attempt fails We will try again several times over the following days.
- 5) You can change Your payment method at any time in the [Member Center](#).
- 6) You are responsible for ensuring that Your payment method is valid and can process the payment.
- 7) We notify You of issues with Your payment by email immediately.
- 8) You must communicate and work with Us to resolve issues with Your payment.  
As per [§ 38](#) VVG, failure to do so allows the Insurer to cancel Your Insurance. Additionally, We and the Insurer reserve the right to transfer Your debt to a collection agency, prevent You from obtaining any of Our services and insurance products in the future, and take legal action.
- 9) You may only offset Your pending Reimbursements against what You owe the Insurer if Your Reimbursement is either confirmed by the Insurer or legally validated by a court.
- 10) Payments cannot be made from the account of a person, company, or bank affected by Sanctions.

## 9. Reimbursement

- 1) You pay for the expenses covered by Your Insurance when You receive services from a provider. Afterward, You submit a Request for Reimbursement to the Insurer. They will review Your request and send You money to refund all expenses covered by Your Insurance.
- 2) In case of an Inpatient stay at a Hospital, the Emergency Assistance will coordinate with the Hospital directly so You do not need to pay them and do not need to request Reimbursement.
- 3) For expenses of at least €2,000, You must send an itemized cost estimate to [genki@squarelife.eu](mailto:genki@squarelife.eu) (the Insurer) no later than 5 days before starting the treatment or otherwise incurring the expenses. The Insurer will confirm Your coverage conditions and limits related to the cost estimate.
  - a) If You do not do this no more than 50% of what would otherwise be covered will be reimbursed.
  - b) You do not need to do this in case of an Inpatient stay managed by the Emergency Assistance.
  - c) In case of a Medical Emergency, You can also call or send the cost estimate to the Emergency Assistance instead of the Insurer to receive a fast confirmation of coverage and limits.
- 4) The Insurance Year an expense belongs to is determined by
  - a) in case of treatment, the first day of treatment as indicated on the invoice,
  - b) in case of medications, material, or devices, the day it was received,
  - c) in all other cases, the first day of the benefit covered by the expense.
- 5) If Your Insurance has a Deductible, covered Outpatient expenses are only reimbursed once the total covered Outpatient expenses for the Insurance Year exceed the Deductible.
- 6) If a limit applies to a benefit, expenses related to that benefit are only covered up to that limit within the stated period. If a Deductible also applies, the Deductible applies first and only the remainder of the expenses after the Deductible is counted towards the limit.
- 7) Expenses cannot be paid or refunded to a person, company, or bank affected by Sanctions.
- 8) Expenses incurred in a currency other than Euros (EUR) will be converted to Euros at the exchange rate determined by the European Central Bank in effect on the invoice date for the expenses.
- 9) If more than one party is responsible for refunding Your expenses, the total amount of money received from all parties must not exceed Your expenses.
- 10) If other parties are responsible for refunding Your expenses, their obligation to pay takes priority over the obligation of the Insurer, even if they are considered secondary. Your entitlement to request Reimbursement remains unchanged. You must inform the Insurer of other relevant parties.
- 11) The rights to Reimbursement cannot be transferred or pledged.

# 10. Obligations

- 1) You must submit each Request for Reimbursement through the [Member Center](#).
  - a) You must provide all information completely, accurately, truthfully, and in good faith.
  - b) You must include the invoice that lists the expenses for which You request Reimbursement. Each invoice must include at least the date, the name and address of the service provider, Your name, and individual positions for each expense with a brief description and the amount.
  - c) You must provide additional documentation needed by the Insurer at their request.
- 2) If needed for processing Your Request for Reimbursement, You must waive doctor-patient confidentiality, allow the Doctor or Hospital to share their medical records with the Insurer, and consent to an examination by a Doctor chosen by the Insurer.
- 3) In case of an Inpatient stay at a Hospital, You must contact and involve the Emergency Assistance before treatment or, in case of an Accident or a Life-threatening Emergency, as early as possible.
- 4) You must ask the Insurer for explicit approval of coverage conditions and limits for expenses related to benefits that require Prior Approval before incurring these expenses, and wait for the approval.

You do so by sending an email to [genki@squarelife.eu](mailto:genki@squarelife.eu). You must include Your Policy Number, describe the medical condition and desired treatment, and provide the relevant medical documentation of the Doctor or Hospital.

You do not need Prior Approval in case the Emergency Assistance has already confirmed coverage.
- 5) You must submit a Request for Reimbursement as soon as possible if You incur expenses covered by Your Insurance. This does not apply if their payment is taken over by the Emergency Assistance.
- 6) You must make every reasonable effort to prevent further deterioration of Your health, avoid any actions that could delay Your recovery, and avoid unnecessary expenses.
- 7) You must promptly inform the Insurer by email to [genki@squarelife.eu](mailto:genki@squarelife.eu) about other coverage if You obtain or already have health insurance from other insurers, as required by [§ 77](#) VVG.
- 8) Points 4) of [Qualification](#), 8) of [Payment](#), and 3) of [Reimbursement](#) are also Your obligations.
- 9) Points 1) through 8) apply to the Insured Person (if at least 18 years old) and the Payer.
- 10) As per [§ 28](#) VVG, failure to fulfill an obligation allows the Insurer to reduce or completely deny Reimbursement and, in some cases, to cancel Your Insurance.

# 11. Contact

The following table explains who You need to contact in various situations.

Your concern	What to do and who to contact
<ul style="list-style-type: none"> <li>• Medical Emergencies</li> </ul>	<p><b>Call the local emergency hotline! (911, 112, etc.)</b></p> <p>If You have a Life-threatening Emergency please contact the local emergency hotline first. It is most important to get medical care as quickly as possible.</p> <p>Once You are in the Hospital and stabilized it is the right time to call the Emergency Assistance (see below).</p>
<ul style="list-style-type: none"> <li>• Request for Reimbursement (“Claim”)</li> </ul>	<p>Please follow the instructions in the <a href="#">Member Center</a>.</p>
<ul style="list-style-type: none"> <li>• General questions</li> <li>• Changes to Your Insurance</li> <li>• Documents</li> <li>• Billing</li> <li>• Cancellation &amp; revocation</li> <li>• Technical issues</li> <li>• Ideas &amp; suggestions</li> </ul>	<p>Contact <b>Genki</b> — Your partner, broker, and support:</p> <ul style="list-style-type: none"> <li>• Self-service in the <a href="#">Member Center</a></li> <li>• Chat on <a href="#">genki.world</a></li> <li>• Email <a href="mailto:help@genki.world">help@genki.world</a></li> <li>• WhatsApp <a href="tel:+4915735994997">+49 1573 599 499 7</a></li> </ul> <p>Available hours (time in Germany):</p> <ul style="list-style-type: none"> <li>• Monday to Friday from 9:00 (9 AM) to 17:00 (5 PM)</li> <li>• Saturday to Sunday from 7:00 (7 AM) to 14:00 (2 PM)</li> <li>• Not available on local holidays</li> </ul>
<ul style="list-style-type: none"> <li>• Approval for expenses of EUR 2,000 or more in case of a Medical Emergency</li> <li>• Inpatient stay at a Hospital</li> <li>• Doctor and Hospital recommendations</li> </ul>	<p>Contact <b>MCI Assist</b> — the Emergency Assistance:</p> <ul style="list-style-type: none"> <li>• Call <a href="tel:+34911599948">+34 911 599 948</a></li> <li>• Email <a href="mailto:genki@mciassist.com">genki@mciassist.com</a></li> </ul> <p>For an Inpatient stay, please have the Hospital contact them directly. This is the most effective way to receive a guarantee of payment. If the Hospital causes problems, You can also contact them Yourself. If a call is not possible or expensive, ask them for a callback by email.</p> <p>Available 24/7.</p>
<ul style="list-style-type: none"> <li>• Approval for expenses of EUR 2,000 or more in without a Medical Emergency</li> <li>• Request Prior Approval if needed</li> <li>• Questions regarding Reimbursement</li> <li>• Confirm coverage before treatment</li> <li>• Complaints</li> </ul>	<p>Contact <b>Squarelife</b> — the Insurer:</p> <ul style="list-style-type: none"> <li>• Email <a href="mailto:genki@squarelife.eu">genki@squarelife.eu</a></li> </ul> <p>Please include Your Policy Number in Your email to them.</p> <p>Available hours (time in Germany):</p> <ul style="list-style-type: none"> <li>• Monday to Friday from 8:00 (8 AM) to 18:00 (6 PM)</li> <li>• Not available on local holidays</li> </ul>

## 12. Insurer

The Insurer is:

**Squarelife Insurance AG**

Landstrasse 33

9491 Ruggell, Liechtenstein

Represented by Dr. Elias Vicari, CEO

Registered in Liechtenstein under number FL-0002.197.226-9

Tel: [+423 237 15 65](tel:+4232371565) · Email: [info@squarelife.eu](mailto:info@squarelife.eu) · Web: [squarelife.eu](https://squarelife.eu)

The [Privacy Policy](#) of the Insurer applies.

The primary business activity of the Insurer is providing health and life insurance.

In case of a dispute or complaint regarding Your Insurance, please contact the Insurer first.

They will work quickly to find a solution that works for everyone involved.

The Insurer is not a member of any guarantee fund. You can find their solvency and financial condition report, as required by Article 100 of the [Liechtenstein Insurance Supervision Act](#), on their [website](#).

The Insurer is regulated by the relevant supervisory authority:

**Financial Market Authority Liechtenstein**

Landstrasse 109, P.O. Box 279

9490 Vaduz, Liechtenstein

Tel: [+423 236 73 73](tel:+4232367373) · Email: [info@fma-li.li](mailto:info@fma-li.li) · Web: [fma-li.li](https://fma-li.li)

You can also contact them or file a complaint. Please note that they are not an arbitration board and cannot issue binding decisions on individual disputes.

Further, the **European Commission** offers a [platform for resolving disputes online](#). It helps settle disagreements over online purchases without going to court.

Your right to take legal action is not affected.



## 13. Compliance

- 1) We cannot guarantee that this insurance will fulfill Your local health insurance requirements. Ensuring Your own compliance with local health insurance regulations is not the responsibility of Us or the Insurer.
- 2) According to [§193](#) (3) sentence 1 VVG, which mandates insurance in Germany, We clearly state that this insurance does not qualify as substitutive health insurance under § 146 of the [Insurance Supervision Act \(VAG\)](#) and therefore does not meet the mandatory insurance requirement.

## 14. Other

- 1) This is a group contract between Us as the Policyholder and the Insurer. By signing up for insurance, You join this contract and obtain certain rights and obligations as described in this document.
- 2) This contract is indefinite with no fixed end date.
- 3) Each insurance is concluded for a minimum duration of one year. That means Your Insurance cannot be canceled until after the first year has concluded or in case of a special circumstance listed under [End of coverage](#).
- 4) This contract can be changed by the Insurer yearly effective at the Yearly Renewal Date. We will inform You at least two months in advance before a new version becomes effective. If You do not want to accept the changes, You can request the cancellation of Your Insurance.
- 5) All dates and times related to Your Insurance are based on the time zone of Germany. For example, if Your Insurance starts on January 1st, it begins at 00:00 (midnight) in Germany.
- 6) Any changes, amendments, or other agreements regarding Your Insurance coverage are only valid if the Insurer confirms them in writing.
- 7) All declarations of intent and notices to Us or the Insurer must be in writing.
- 8) All legally binding documents, both contractual and pre-contractual, are provided in English.
- 9) Communication between You and Us, and separately between You and the Insurer, will be conducted in English.
- 10) If information is provided in languages other than English, it is offered as a service and does not alter the agreed-upon contract language and terms.
- 11) The Insurer may decide to change the service provider that provides Emergency Assistance. In that case, We will inform You as early as possible about the change and the new contact information.

## 15. Jurisdiction

- 1) This contract is governed by German law and falls under German jurisdiction.
- 2) If a dispute requires court resolution You can take legal action in Ruggell (Liechtenstein) where the Insurer is based or in Cologne (Germany) where We are based.

## 16. Severability

If any part of this contract is declared invalid, illegal, or unenforceable, the remainder will continue in full force and effect as if the contract had been executed without the invalid provision. The parties will aim to replace any invalid part with a valid one that most closely matches the intent of the original part.

## 17. Definitions

The following definitions help clarify various terms used in this document. For Your convenience, they are typically written in Uppercase. They apply whenever a defined term is used, whether in singular or plural form and whether uppercase or not. They do not apply to the documents in the Appendix.

**Accident** — An unplanned, sudden event that causes bodily harm to You, clearly resulting from an external, violent, and visible factor. It must occur independently of any other condition, and its effects must be visibly evident and capable of being confirmed by a Doctor when evaluated.

**Association** — The non-profit association **Nomads for Impact** e.V. in Cologne, Germany. You and all other beneficiaries of this insurance are covered as members of this association. We have a group insurance policy with the Insurer to make this insurance available to them.

**Certificate of Insurance** — A document that confirms Your coverage under this insurance. It lists Your information as well as the details of Your Insurance coverage and price. We provide You with that document after You have successfully applied and signed up for this insurance.

**Cancel, Canceling, Cancellation** — In the context of this insurance, these terms refer to the end of the contract with the Payer by removing them from the group insurance policy of the Association. That also means the end of benefits for the Insured Person. The group insurance policy itself remains unchanged.

**Claim** — A Request for Reimbursement.

**Deductible** — The amount You pay for Outpatient expenses before Your Insurance starts to cover Outpatient expenses. You choose Your deductible when You sign up for Your Insurance. For example, if Your deductible is €500 and You request Reimbursement for €700 of Outpatient expenses, You pay the first €500 and the Insurer provides the remaining €200. Further Reimbursements within that Insurance Year have no further deductions.

**Doctor** — Any medical professional who is licensed to provide healthcare services to individuals, including but not limited to doctors, physicians, surgeons, specialists, nurses, therapists, chiropractors, physiotherapists, and osteopaths.

**EEA** — The European Economic Area.

**Emergency Assistance** — A 24/7 support service operated by **MCI Assist** in Madrid, Spain, and part of Your Insurance. They provide advice, assistance, and coordinate medical care when needed. You can contact their hotline to organize an Inpatient Hospital stay including direct payment, receive recommendations for suitable Doctors and Hospitals in Your area, and request Prior Approval in case of a Medical Emergency.

**EU** — The European Union.

**Family Member** — Any individual related to You by blood, marriage, registered partnership, domestic partnership, or legal adoption. This includes a spouse, registered partner, domestic partner, children (including adopted and stepchildren), parents, siblings, grandparents, and grandchildren.

**Hospital** — A legally licensed institution that operates primarily to diagnose and treat Illness and Injury. This institution provides 24-hour nursing service by registered nurses, has facilities for surgical operations, and is supervised by a staff of one or more licensed physicians. This does not include facilities that primarily offer custodial, convalescent, or long-term care services.

**Illness** — A condition involving an abnormality in body function or structure, not precipitated by an external, violent, and accidental event, and diagnosed by a medical professional. This condition requires medical treatment or intervention.

**Injury** — A bodily harm that results directly and solely from an Accident. The injury must be distinct from any Illness or pre-existing condition and must be verified by a Doctor through physical examination or diagnostic testing.

**Inpatient** — Seeking Medically Necessary treatment or services involving admission to a Hospital, getting assigned a Hospital bed to receive medical care, treatment, or surgical procedures, regardless of whether an overnight stay is required. Such care involves medical services provided to individuals who require close monitoring, intensive treatment, or surgical intervention within a Hospital setting.

**Insurance Year** — A repeated one-year period of insurance coverage, beginning on the insurance start date and ending on the anniversary of that date one year later (the Yearly Renewal Date) when the next one begins. It represents the duration for which the Insured Person is entitled to receive coverage and benefits under the terms outlined in this document.

**Insurer** — The insurance company **Squarelife** Insurance AG in Ruggell, Liechtenstein. Also see [Insurer](#).

**Insured Person** — The person who is entitled to receive the coverage and benefits under the terms outlined in this document.

**Life-sustaining** — Something essential for maintaining or prolonging life. Prevents life-threatening situations from immediately arising. Examples include ventilators for providing essential breathing support, monitoring devices for tracking respiratory and heart rates, systems for home dialysis, and equipment for oxygen therapy.

**Life-threatening Emergency** — A Medical Emergency that poses a direct and immediate risk to Your life. In these cases, urgent medical care is required to prevent imminent death. Examples include heart attacks, strokes, and severe Injuries involving major blood loss.

**Medical Emergency** — A sudden Illness or Injury that demands immediate medical attention to prevent severe health consequences. It includes events such as heart attacks, strokes, severe trauma, or other

urgent health situations that require prompt medical care to preserve Your life or prevent significant damage to Your health.

**Medically Necessary** — Healthcare services, treatments, or procedures that are determined by a Doctor to be essential for the diagnosis or treatment of a medical condition, Injury, or Illness. These services are deemed necessary based on accepted medical standards and practices and are not for the convenience of the patient or healthcare provider.

**Member Center** — Our website that allows You to manage Your Insurance: <https://you.genki.world>

**Our** — Related to Us.

**Outpatient** — All expenses that are not considered Inpatient. That includes, for example, regular Doctor's visits, most dental treatments, and apps.

**Payer** — The person who signs up and pays for this insurance and has the rights and obligations described in this document. This is typically the same person as the Insured Person, but can also be a different person. For example, a father as the Payer can sign up for insurance for his daughter as the Insured Person.

**Policy Number** — A unique number for Your Insurance. You find it on Your Certificate of Insurance. You may need it for the Emergency Assistance so they can easily find Your Insurance in their system and for immigration purposes.

**Policyholder** — We as the party who concludes this group health insurance contract directly with the Insurer for members of the Association. You join this contract to obtain Your Insurance including the rights and obligations as described in this document.

**Prior Approval** — A formal authorization requested from the Insurer that is required before specific services or treatments are rendered. This authorization ensures that the Insurer agrees to cover the expenses, fully or partially, for the proposed service or treatment. See also point 4) of [Obligations](#).

**Professional Sports** — Any sport or athletic activity where You are regularly compensated, including receiving salaries, sponsorships, or other forms of payment.

**Reimbursement** — Money the Insurer refunds You for covered expenses You have already paid for Yourself. This means You will initially be responsible for paying these expenses directly. After submitting the proper documentation to the Insurer, they will review your request and, if covered under Your Insurance, send You money for the covered portion of these expenses.

**Request for Reimbursement** — The formal notification You submit to the Insurer to request Reimbursement. This is often referred to as a "claim".

**Sanctions** — Economic, trade, or financial sanctions or embargoes imposed by the EU or Liechtenstein that apply to an entity or an individual. This includes sanctions and embargoes from the United States on Iran, provided they do not contradict any laws of the EU or Liechtenstein.

**Us** — Means We.

**Variant** — A specific version of this insurance that offers different coverage conditions compared to other versions. They may differ in terms of benefits, exclusions, region, and price. This allows You to select the version that best fits Your needs and budget.

**VVG** — The German [Insurance Contract Act](#) (Versicherungsvertragsgesetz).

**Waiting Period** — The initial period after starting or changing a coverage during which certain benefits are not covered, as stated under [Benefits](#). Coverage for these benefits begins only if the expenses are associated with new and unplanned expenses that occur after the waiting period has ended. Benefits added to your coverage due to changes will have their waiting periods, if any, starting from the date the changes take effect.

**We** — We are Genki, meaning the company **Genki** UG (haftungsbeschränkt) in Cologne, Germany. We love to help our customers stay healthy while they are exploring the world. We are Your insurance broker and policyholder, simplify the management of Your Insurance, and take care of customer support.

**Website** — Our website for learning about and signing up for this insurance: <https://genki.world>

**Yearly Renewal Date** — The specific date each year when Your Insurance is scheduled to be renewed for another Insurance Year. On this date changes like a new price or a new version of this contract typically become effective, the Deductible is reset to the full amount again, and yearly limits are reset. It is always the same day and month of the year as the day and month of the date Your Insurance started. If that day does not exist in the month, then it is the last day of the month.

**You** — The Insured Person, if used to refer to the person for whom expenses are covered, limited, or excluded under Your Insurance. The Payer, if used to refer to the person who signs up and pays for this insurance or whom We and the Insurer typically communicate with.

**Your** — Related to You.

**Your Insurance** — The terms, conditions, and coverage that apply to You after successfully signing up for the insurance. These terms are described in this document, also known as the “insurance policy”. Your Certificate of Insurance contains additional information and terms that are specific to You.

**Yourself** — Means You.

# Appendix

Additional documents  
relevant to Your Insurance

# Application

Important notes for answering the application questions

## What is the pre-contractual notification obligation?

Before you submit your contract, you must answer a series of questions about your health, your job, and other personal circumstances. We - the Squarelife Insurance AG ("Squarelife") - ask you these questions when you apply for insurance.

In doing so, you must specify all the dangerous circumstances that are known to you and which we have asked for. This is called "pre-contractual disclosure obligation". We need this information in order to decide whether we can offer you a contract at all and what conditions it has.

It is important that you fully and truthfully specify all the dangerous circumstances that you are aware of. In doing so, you also have to specify such dangerous circumstances that you think are not significant. However, you do not have to specify any risk circumstances for which we do not ask. If you give false information, you may lose all or part of your insurance cover. If we find that you have not complied with your pre-contractual duty to report, we have a number of legal options. These are presented to you in this document.

## 1. Resignation & discontinuation of the insurance cover

If you have intentionally violated the pre-contractual obligation, we can withdraw from the contract.

If you have grossly negligently violated your obligation to report, we may also resign.

Exceptions are two cases:

- We would have offered the contract even if we had known about your undisclosed risks.
- We would have offered a contract on different terms if you had not concealed certain risks with gross negligence.

If you have violated the duty of disclosure neither intentionally nor grossly negligent, we may not withdraw from the contract.

If you withdraw from the insurance contract, you lose the insurance cover. However, if a benefit claim has already occurred before our withdrawal, we will still pay the benefits under the following conditions:



- The circumstance that you did not or did not indicate was the cause of neither the occurrence nor the determination of the insured event.
- This circumstance was also not the cause of the determination or the extent of our obligation to pay.

However, if you have fraudulently violated the duty to report, we do not have to pay benefits.

You can not reclaim the premiums you paid before the withdrawal took effect.

## 2. Surrender

We can surrender the contract if you have violated the duty of disclosure, but this was neither deliberate nor grossly negligent and a resignation is therefore not possible. We have a notice period of one month. However, under two conditions we may not terminate the contract:

- We may not cancel if we would have closed the contract even if you had shown us all the risk circumstances.
- Likewise, we have no right to cancel if we had concluded the contract on other terms, if you had complied with the obligation to notify.

## 3. Contract adjustment

If we had concluded the contract on other terms and conditions, if you had fulfilled your obligation to notify, we may change the terms of the contract retroactively. It is possible that you lose the insurance cover for already occurred and future insured events.

If you are not responsible for the obligation to disclose, we waive our right that the other conditions become part of the contract. In the following cases you can terminate the contract without notice within one month after receiving the notification that we wish to change the contract:

- We are increasing the premium by more than 10% when adapting the contract.
- By contract modification you lose the insurance cover for the circumstance that you did not or not completely indicated.

## 4. Exercise of our rights

We may only exercise our rights to rescission, surrender or contract adjustment if we have notified you in writing of the consequences of a violation of the obligation to notify. We have done this with this document.

We must assert our rights in writing within one month after we learn that you have violated your disclosure obligation. In doing so, we must state the circumstances on which we base our explanation. Within the one-month period, we may state other circumstances justifying our statement.

We can only exercise these rights within 5 years from the conclusion of the contract. However, this does not apply to insured events that occurred before this period expired. If you have violated the duty of disclosure intentionally or fraudulently, we can exercise the rights mentioned within 10 years.

## **5. Contestation**

We can also contest the contract if you have deliberately and intentionally influenced our decision to accept with incorrect or incomplete information.

# Privacy

## Squarelife Insurance AG ('Squarelife') Privacy Policy

This Privacy Policy has been created to let you know how your personal data is processed by Squarelife and what your rights are according to data protection regulations.

### Data Processing Controller

**Squarelife Insurance AG**

Landstrasse 33, 9491 Ruggell, Liechtenstein

[info@squarelife.eu](mailto:info@squarelife.eu)

Registered in the Liechtenstein Public Register under the following number: FL-0002.197.226-9

You may contact our Data Protection Officer by post at the address above. Please mark your correspondence "FAO Data Protection Officer". Or you can send an email to:

[customercare@squarelife.eu](mailto:customercare@squarelife.eu)

### Purposes & Legal Grounds for Data Processing

We process your personal data in accordance with the EU General Data Protection Regulation (GDPR), country-specific data protection regulations, relevant data protection regulations of the Insurance Contract Act and all other relevant laws.

If you apply for insurance cover, we will need to make use of the information you provide us to conclude the contract and to estimate the risk we are to assume. If an insurance contract is drawn up, we will process this data to carry out contractual relationships such as issuing the policy or invoicing. We need information about the claim, for example, in order to be able to check whether an insured event has occurred and the amount of the loss.

**We cannot enter into or carry out an insurance contract without processing your personal data.**

Furthermore, we need your personal data to create insurance-specific statistics, e.g. for developing new tariffs or to fulfil regulatory requirements. We use the data resulting from all Squarelife contracts to monitor our customer relationships, e.g. to provide advice on contractual adjustments or extensions, for making decisions based on goodwill, or for providing extensive information.

The legal basis for this processing of personal data for pre-contractual and contractual purposes is Article 6 (1) (b) GDPR. Insofar as special categories of personal data are required (e.g. data concerning your health at time of taking out a life insurance policy), we will obtain your consent according to Article

9 (2) (a) in conjunction with Article 7 GDPR. If we create statistics using these data categories, this will be carried out based on Article 9 (2) (j) GDPR in conjunction with country-specific data protection regulations.

We also process your data to protect our legitimate interests or those of third parties (Article 6 (1) (f) GDPR). This may be necessary in the following cases:

- to guarantee IT security and operation,
- to prevent and explain offences; we particularly use data analyses to detect any indications of insurance fraud.

In addition to this, we also process your personal data to fulfil legal obligations such as regulatory requirements, retention requirements regulated by commercial and taxation laws and our duty to advise. The legal basis for this processing is the respective legal regulations in conjunction with Article 6 (1) (c) GDPR.

If we wish to process your personal data for a purpose that is not mentioned above, we will inform you in advance within the scope of the legal provisions.

## Categories of Personal Data Recipients

### Reinsurer

We insure our risks with special insurance companies called reinsurers. To do this, it may be necessary to pass on your contractual and/or claim details to the reinsurer so that they can form their own impression of the risk or the insurance claim. Furthermore, it is possible that the reinsurer will support our company with their specialist expertise in the area of risk or performance testing as well as in evaluating procedure processes. We transfer data to the reinsurer only if it is absolutely necessary to fulfil our insurance contract with you or as is necessary to protect our legitimate interests. You can request more information about the reinsurer that we use by contacting us at the address above.

### Agent

Your insurance contract is being handled by Genki. They will process the application, contractual and claim data required to enter into and carry out the contract. Our company will also pass this data on to Genki if they need it to handle and advise you on your insurance and financial service matters.

### Data processing within the corporate group

Specialist divisions of our corporate group perform certain data processing tasks centrally for group-affiliated companies. Insofar as an insurance contract exists between you and Squarelife, your

data may be processed centrally by a group-affiliated company for central address data admin, telephone customer support, policy and claims processing, collection and disbursement or collective mail handling.

The corporate group consists of the following companies:

- Squarelife Insurance AG, Liechtenstein
- Lifeware SA, Switzerland
- Lifeware GmbH, Germany
- Lifeware SA, Luxemburg

## External service providers

To fulfil our contractual and legal obligations, we make use of external service providers to a certain extent. You can request more information about the contractors and service providers that we use by contacting us at the address above.

## Additional recipients

We also transfer your personal data to additional recipients such as authorities to fulfil our legal reporting obligations (e.g. social insurance agencies, financial authorities or law enforcement authorities).

## Duration of Data Retention

We delete your personal data as soon as they are no longer required for the above named purposes. This means that personal data may be retained for the period in which claims can be made against our company (e.g. statutory limitation periods between three and thirty years). Furthermore, we retain your personal data for as long as we are required to do so by law. The corresponding proof and retention obligations stem from taxation laws and the Money Laundering Act, among others. The retention period here is up to ten years.

## Rights of Those Affected

You can request information on your personal data by contacting us at the address above. Furthermore, in certain cases, you can also request that your data be corrected or deleted. You may still be entitled to exercise your right to limit the processing of your data and the right to disclose your data in a structured, conventional, machine-readable format.

## **Right to Object**

You have the right to object to the processing of your data for the purposes of direct advertising. If we process your data to protect legitimate interests, you may object to this processing if there are reasons arising from your particular situation that oppose the data processing.

## **Right to Lodge a Complaint**

You are entitled to complain to the above-named Data Protection Officer or the responsible data protection supervisory authority. You can request information regarding the responsible data protection supervisory authority by contacting us at the address above.

## **Data Exchange with Your Previous Insurer**

In order to check your details or, if necessary, to supplement them when entering into an insurance contract or when making an insurance claim, it may be necessary to exchange personal data with the previous insurer given on your application.

## **Transferring Data to Third Countries**

If we need to transfer personal data to service providers outside the European Economic Area (EEA), we will only do so if the EU Commission can confirm that the third country has an appropriate level of data protection or if other data protection guarantees exist (e.g. binding, intra-corporate data protection regulations or EU standard contract clauses).

## **Automated Case-by-Case Decisions**

In certain cases, based on the details you provide us, we make fully automated decisions when it comes to application and contract processing as well as damage and claims processing. The decision is based particularly on your details regarding personal risk characteristics. These fully automated decisions are mainly based on the contractual terms and conditions and the rules and processing guidelines derived from them.

# Consent

## Consent to the collection and use of your health data and declaration of confidentiality

The provisions of the Insurance Contract Act, the Federal Data Protection Act and other data protection regulations do not contain sufficient legal bases for the collection, processing, and use of health data by insurance companies. In order to collect and use your health data for this application and the contract, Squarelife Insurance AG ("Squarelife") requires your consent as per data protection law.

The following declarations of consent are indispensable for the examination of the application as well as the establishment, execution, or termination of your insurance contract in Squarelife. If you do not hand them in, the conclusion of the contract will usually not be possible. The declarations concern the handling of your health data and other data protected according to § 203 StGB

- by Squarelife itself,
- when sharing with places outside of Squarelife,
- if the contract is not concluded.

## 1. Squarelife's Collection, Storage, and Use of Health Information You Provide

You provide consent to Squarelife for collecting, storing, and using the health information provided in this application and in the future to the extent necessary for the purpose of reviewing the application and justifying execution or termination of this insurance contract is necessary.

## 2. Declarations in the event of your death

In order to check the obligation to pay, it may also be necessary to check health information after your death. An examination may also be necessary if, up to 10 years after conclusion of the contract, Squarelife has concrete indications that incorrect or incomplete information was provided and thus the risk assessment was influenced. For this, too, we require consent and release from confidentiality.

In the event of your death, you agree that Squarelife may use your health information with doctors, nurses, and hospital staff to the extent necessary for the benefit review, other hospitals, nursing homes, personal insurers, statutory health insurance funds, professional associations and public authorities and use them for these purposes.

You release the named persons and employees of the institutions from their duty of confidentiality, your lawfully stored health data from examinations, consultations, treatments and Insurance claims and contracts from a period of up to 10 years prior to filing the application is submitted to Squarelife.

In addition, you agree that in this context - if necessary - your health data will be passed on by Squarelife to these bodies and exempt in this respect the person working for Squarelife from their duty of confidentiality.

Prior to each data collection in accordance with the previous paragraphs, you will be informed by whom and for what purpose the data is to be collected, and you will be given the opportunity to object and provide the required documentation.

### **3. Disclosure of your health data and other data protected under § 203 StGB to places outside of Squarelife**

Squarelife contractually commits the following entities to comply with data protection and data security regulations.

#### **3.1. Data transfer for medical assessment**

For the assessment of the risks to be insured and for the examination of the obligation to pay, it may be necessary to involve medical experts. Squarelife requires your consent and release from confidentiality of your health data and other data protected under § 203 StGB are transmitted in this context. You will be informed about the respective data transmission.

You consent to Squarelife that they might share your health information with medical professionals as needed for risk assessment or performance obligations and your health data will be used for the intended purpose and the results are transmitted back to Squarelife. You release the employees of Squarelife and the experts from their obligation to maintain the confidentiality of your health information and other information protected under §203 StGB.

#### **3.2. Delegation of tasks to other bodies (companies or persons)**

When Squarelife needs to collect, process, or use your health data to perform a task (such as underwriting, processing claims, or telephone customer support), it transfers the task to a third party rather than performing it itself. Squarelife requires your release from confidentiality for itself and, if necessary, for the other bodies in the event that your data, which is protected under 203 StGB, is transferred.



Squarelife shares data with the following sister companies for contract administration and claims settlement purposes:

- Lifeware SA, Switzerland
- Lifeware GmbH, Germany

In addition, Squarelife can also commission external service providers to take over these tasks. You can request further information on the service providers used from Squarelife.

You agree that Squarelife may transfer your health data to Lifeware and other external service providers and that the health data will be collected there to the same extent for the stated purposes and be used as Squarelife would. If necessary, you release the employees of certain bodies from their duty of confidentiality with regard to the disclosure of health data and other data protected under § 203 StGB.

### **3.3. Data transfer to reinsurance companies**

In order to secure the satisfaction of your claims, Squarelife may engage reinsurance companies that assume all or part of the risk. In some cases, the reinsurers make use of other reinsurance companies to which they also hand over their data. In order for reinsurance to form its own picture of the risk or the insured event, it is possible that Squarelife may submit your insurance application or claim for benefits of reinsurance. This is particularly the case if the sum insured is particularly high or if the risk is difficult to classify.

In addition, it is possible that reinsurance will support Squarelife due to its special expertise in risk or benefit assessment as well as in the evaluation of procedures.

If reinsurance companies have taken over the coverage of the risk, they can check whether Squarelife has correctly assessed the risk or a claim.

In addition, data on your existing contracts and applications will be passed on to reinsurance companies to the extent necessary so that they can check whether and to what extent they are entitled to or can share in the risk. For the settlement of premium payments and claims, data about your existing contracts can be passed on to reinsurers.

For the above-mentioned purposes, anonymized data is used as far as possible. Pseudonymized data can also be used for personal health information.

Your personal data will only be used by the reinsurance companies for the aforementioned purposes. Squarelife will notify you about the transfer of your health data to reinsurance companies.

You agree that your health data – if necessary – will be transmitted to reinsurance companies and used there for the stated purposes. If necessary, you release the persons working for Squarelife from their duty of confidentiality with regard to the health data and other data protected under § 203 StGB.

#### **4. Storage and use of your health data if the contract is not concluded**

If the contract with you is not concluded, Squarelife will retain your health information collected as part of the risk assessment in the event that you apply for insurance coverage again. Your data will be stored at Squarelife until the end of the third calendar year following the year of application.

You agree that Squarelife may use your Health Data – if the contract is not concluded – for a period of three years from the end of the calendar year of the application to the above is stored and used for this purpose.

# Revocation

Notice regarding revocation

## Division 1: Right of revocation, consequences of revocation, and particular remarks

### Right of revocation

You may revoke your contractual acceptance within 14 days in text form without stating reasons (e.g. letter, fax, email).

The period begins after you have received

- the Certificate of Insurance,
- the terms of the contract, including the general terms and conditions of insurance applicable to the insurance agreement, these in turn including the conditions of the tariff,
- this notice,
- the Insurance Product Information Document,
- and the further information provided in [Division 2](#),

in each case in text form.

Dispatching the revocation in good time suffices to meet the revocation deadline. The revocation is to be addressed to:

#### Squarelife Insurance AG

Landstraße 33

9491 Ruggel, Liechtenstein

You can also easily declare your revocation in the [Member Center](#), through the support chat on the [Website](#), or by emailing [help@genki.world](mailto:help@genki.world).

### Consequences of revocation

Insurance protection will be terminated in the event of effective revocation, and the insurer must refund to you the share of the premiums incurred for the period after receipt of the revocation if you have agreed to insurance protection commencing before the end of the revocation period. The insurer may retain the share of the premium accounted for by the period until receipt of the revocation, in this case, the part of the premiums attributable to the period up to the receipt of the revocation. The insurer must

refund repayable amounts promptly, at the latest 30 days after receipt of the revocation. If insurance protection does not commence before the end of the revocation period, effective revocation will cause payments received to be refunded and benefits drawn (e.g. interest) to be surrendered.

## Particular remarks

Your right of revocation ceases to apply if, at your explicit request, the contract has been fully performed both by you and by the insurer before your exercising your right of revocation.

## Division 2: List of further information required for the commencement of the revocation period

The duties to inform are listed in detail as follows with regard to the further information provided in [Division 1](#), second sentence:

### Subdivision 1: Duties to inform in all classes of insurance

The insurer must provide you with the following information:

1. the identity of the insurer and of any branch office through which the contract is to be concluded; the commercial register with which the legal entity is registered, and the corresponding register number, must also be indicated;
2. the address of the insurer at which documents may be served, and any other address relevant to the business relationship between the insurer and yourself, in the case of legal entities, associations of persons or groups of persons, also the name of a person authorised to represent them; insofar as the notification is made by transmitting the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form;
3. the main business activity of the insurer;
4. information concerning the existence of a guarantee fund or of other compensation arrangements; the name and address of the guarantee fund shall be indicated;
5. the essential features of the insurance benefit, in particular, information on the type, scope and due date of the benefit provided by the insurer;
6. the total price of the insurance, including all taxes and other price components, whereby the premiums are to be itemized if the insurance agreement is to comprise several separate insurance contracts, or if an exact price cannot be indicated, information on the basis used for its calculation which enables you to verify the price;
7. details regarding payment and fulfillment, in particular, the method of payment of the premiums;

8. any limitation of the period of validity of the information provided, for example, the period of validity of time-limited offers, in particular concerning the price;
9. information as to how the contract is established, in particular as to the commencement of the insurance and of the insurance cover, as well as to the duration of the period during which the applicant is to be bound by the application;
10. the existence or non-existence of a right of revocation, as well as the conditions, details of its exercise, in particular the name and address of the person to whom such revocation is to be addressed, and the legal consequences of revocation, including information regarding the amount that you may be required to pay in the event of revocation; insofar as the notification is made by transmitting the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form;
- 11a. Information regarding the term of the contract;
- 11b. Information regarding the minimum term of the contract;
12. information concerning the termination of the contract, in particular regarding the contractual terms and conditions of termination, including any contractual penalties; insofar as the notification is made by transmitting the contractual provisions, including the general terms and conditions of insurance, the information must be in a prominent and clearly designed form;
13. the Member States of the European Union the law of which the insurer uses as a basis for establishing relations with yourself before the conclusion of the insurance contract;
14. the law applicable to the contract,
15. the languages in which the terms and conditions of the contract, and the preliminary information referred to in this Subdivision, will be communicated, as well as the languages in which the insurer undertakes, with your consent, to conduct communications during the term of this contract;
16. the possibility for you to have access to an out-of-court complaint and appeal procedure and, where applicable, the prerequisites for such access, expressly stating that the possibility for you to have recourse to the courts remains unaffected thereby;
17. name and address of the competent supervisory authority, as well as the possibility of lodging a complaint with this supervisory authority.

**End of the revocation notice**