

Dear customer,

We would like to make the premium payments as convenient as possible for you. The SEPA direct debit mandate is the easiest solution and helps us save administrative costs.

Please return the completed and signed SEPA direct debit mandate. This ensures timely payment.

Please understand that we require the original of this form. Transmission via fax or email is no longer possible due to the current legal situation.

Insured person (last name, first name)

Health insurance number

Street, postal code, city

Mandate for SEPA Direct Debit – Premiums

Name and address of payment recipient

DAK-Gesundheit, Nagelsweg 27 – 31, 20097 Hamburg

Creditor identification number

DE69ZZZ00000194764

SEPA direct debit mandate:

I/We authorise DAK-Gesundheit to debit premium payments from my/our account by means of direct debit. At the same time, I/we will instruct our financial institution to honour direct debits by DAK-Gesundheit to my/our account.

Disclaimer: I/we can request the refund of the debited amount within eight weeks starting with the direct debit date. The terms and conditions agreed with my/our financial institution apply.

Prior to the first collection of a SEPA direct debit, DAK-Gesundheit shall inform me/us about the collection by means of this type of procedure and the mandate ID.

Valid for premiums as of

Name of payer (account holder)

Address of payer (account holder)

IBAN (22 digits)

DE

BIC (11 digits)

Name of financial institution

City and date

Signature of payer (account holder)