Insurance Conditions

Genki Native — Worldwide Health Insurance

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1. Introduction

Genki Native is group health insurance designed for long-term travelers and remote workers, including digital nomads and expats. It provides extensive worldwide coverage for Your healthcare costs.

The following parties are involved in making Your Insurance possible:

- We are Genki, a health-focused startup based in Germany. We are committed to supporting the health and well-being of frequent travelers and remote workers, including digital nomads and expats worldwide. We strive to be clear, transparent, reliable, and easy to understand.

  We partnered with the Insurer to develop this insurance exclusively for the Association listed below, complete with a fast Reimbursement process. We are the Policyholder, Your insurance agent, and are responsible for premium collection and customer care.
- The Insurer is Squarelife, a modern and experienced insurance company based in Liechtenstein. Known for their innovative technology and financial strength, they are committed to delivering reliable coverage and excellent service.
- Nomads for Impact is a mission-driven association in Germany dedicated to supporting digital nomads and promoting positive change in the communities and environments they visit.
  They make this insurance available to their members, including You.
- Emergency Assistance is provided by MCI Assist, experts in 24/7 worldwide medical support.
  They help You find reputable Hospitals and Doctors, manage transportation, and manage Hospitalization, including monitoring the quality of Your treatment and arranging direct payments.

For Your convenience and to ensure You fully understand this insurance, We have written this document in plain, simple English. Terms such as You and We are clearly defined in the Definitions section.

2. Care

You choose the Variant of Your Insurance to decide on the extent of Your coverage:

- **Genki Native Basic** — Essential Care for Disease, Illness and Injury
- **Genki Native Premium** — Comprehensive Care with extensive and preventive healthcare benefits

2.1. Coverage

If You suffer an unexpected Disease, Illness, or Injury, or to help prevent future health problems, Your Insurance covers the Care described in sections 2.2 to 2.12. If covered, it also includes the following:

- **Consultations** — Evaluation of Your symptoms by a Doctor
- **Examinations** — Medical diagnostic tests and imaging, such as CT, ECG, EKG, MRI, PET, and X-ray
- **Procedures** — Medical treatments from minor interventions to major surgery
- **Medication** — Prescription drugs, such as antibiotics and painkillers
- **Materials** — Medical materials such as bandages, casts, and plasters
- **Aids** — Crutches, walkers, and wheelchairs

Restrictions

- Care is **covered only** after the Waiting Periods and up to the Limits.
- Care is **covered only** if You fulfill Your Obligations, including:
  - Where stated explicitly, You must obtain Prior Approval from the Insurer. You discuss the best course of action with them. They determine under what conditions coverage can be provided.
  - For costs of €2,000 or more, You must send a cost estimate upfront as described in Reimbursement. This is not needed for Hospitalization managed by the Emergency Assistance.
- A second medical opinion from a different Doctor is **covered only** if You obtain Prior Approval.
- Examinations, Medication, Materials, and Aids are **covered only** if Prescribed.
- Medication is **covered only** up to the price of a generic equivalent if a generic is available.
- Aids are **covered only** up to the price of basic device variants.
- Wheelchairs and walkers are **covered only** for rental.
- Health conditions that started before the Start Date are **covered only** if all these criteria are met:
  - You provided all information that We and the Insurer requested when You signed up for Your Insurance completely, accurately, and truthfully.
  - Coverage of the condition was not stated as restricted or excluded when You signed up. You can find changes in coverage specific to Your Insurance on Your Certificate of Insurance.

2.2. General Care

Basic Premium

General Care is all medical treatment that does not fall under Alternative Care, Preventive Care, Dental Care, Eye & Ear Care, Family Care, Maternity Care, Mental Health Care, or Rehabilitation Care.

Coverage

Genki Native Basic and **Genki Native Premium** cover:

- **Common Ailments** — Colds, flu, minor infections, allergies, or other Diseases or Illnesses
- **Chronic Conditions** — Ongoing treatment of Diseases such as diabetes, asthma, or hypertension
- **Injury Care** — Treatment of fractures, burns, wounds, and similar Accident-related problems
- **Emergency Care** — Critical treatment for sudden Disease or Injury, including intensive care
- **Serious Diseases** — Major infections or systemic Diseases, such as pneumonia, dengue, or sepsis
- **Cancer Treatment** — Therapies such as chemotherapy, radiotherapy, and related treatments
- **Organ Transplants** — Transplant surgery, Hospitalization, and post-transplant follow-up
- **Palliative Care** — Support to relieve symptoms and improve quality of life for serious conditions

Restrictions

- Care not listed explicitly above under "Coverage" is **not covered**.
- Search for organ donors is **not covered**.
- Care is **covered only** if Medically Necessary.
- Care is **covered only** up to the Limits.
- Hospitalization is **covered only** if managed by the Emergency Assistance.

2.3. Rehabilitation Care

Basic Premium

Rehabilitation Care is medical therapy and training to restore the body's abilities after Disease or Injury.

Coverage

Genki Native Basic and **Genki Native Premium** cover:

- **Cardiac Rehabilitation** — Supervised exercise and education for heart recovery
- **Occupational Therapy** — Training and tools to regain daily living skills
- **Physical Therapy** — Exercises and hands-on treatments to restore movement and reduce pain
- **Pulmonary Rehabilitation** — Breathing training and fitness to improve lung function
- **Speech Therapy** — Techniques to improve speaking, swallowing, or cognition

Restrictions

- Care not listed explicitly above under "Coverage" is **not covered**.
- Care is **covered only** if Prescribed.
- Care is **covered only** if it starts within one month after a covered Hospital stay.
- Care is **covered only** up to the Limits.
- Hospitalization is **covered only** if managed by the Emergency Assistance.

2.4. Preventive Care

~~Basic~~ Premium

Preventive Care is proactive medical action to prevent Illness before symptoms show.

If Care falls under Dental Care or Maternity Care, the conditions in that section apply, not the following.

Coverage

Genki Native Premium covers:

- **General Checkups** — Routine health assessments to catch issues early
- **Ear Checkups** — Routine ear exams and hearing screenings to catch issues early
- **Eye Checkups** — Routine eye exams and vision screenings to catch issues early
- **Examinations** — Screening exams like cancer screening, colonoscopy, Pap tests, and ultrasound
- **Tests** — Laboratory analyses including blood glucose, cholesterol, STI tests, and triglycerides
- **Vaccinations** — Immunizations such as hepatitis, malaria, rabies, tetanus, and yellow fever

Restrictions

- Care that is **not covered**:
  - **Genotyping** — DNA testing to find inherited health risks
  - Anything not listed explicitly above under "Coverage"
- Care is **covered only** after the Waiting Periods and up to the Limits.

2.5. Alternative Care

~~Basic~~ Premium

Alternative Care is health treatment with methods outside standard medical practice.

Coverage

Genki Native Premium covers:

- **Acupuncture** — Insertion of thin needles at specific body points
- **Chiropractic** — Manual adjustment of the spine and other joints
- **Homeopathy** — Treatment with highly diluted natural substances
- **Massages** — Manual manipulation of muscles and soft tissues
- **Osteopathy** — Hands-on manipulation of muscles and joints throughout the body

Restrictions

- Care that is **not covered**:
  - **Traditional Chinese Medicine** — Holistic therapy using herbs, diet, and movement
  - Anything not listed explicitly above under "Coverage"
- Care is **covered only** if Prescribed or You obtain Prior Approval.
- Care is **covered only** up to the Limits.

2.6. Dental Care

~~Basic~~ Premium

Dental Care is the medical prevention, examination, and correction of teeth and gum health issues.

Coverage

Genki Native Premium covers:

- **Bridges** — Fixed replacements for missing teeth, including high-quality materials and repairs
- **Checkups** — Routine oral examinations
- **Cleaning** — Professional removal of plaque and tartar
- **Crowns** — Caps that fully cover damaged teeth, including high-quality materials and repairs
- **Dentures** — Removable replacements for missing teeth, including repairs
- **Endodontics** — Root-canal and other treatments inside the tooth to relieve pain and save the tooth
- **Extractions** — Removal of teeth
- **Fillings** — Restorations of cavities, including high-quality materials and repairs
- **Implants** — Surgically placed artificial roots that anchor replacement teeth
- **Inlays** — Custom-made fillings for larger cavities, including high-quality materials and repairs
- **Onlays** — Custom-made covers for the tooth surface, including high-quality materials and repairs
- **Periodontics** — Treatment of the gums and the bone holding the teeth

Restrictions

- Care that is **not covered**:
  - **Bleaching** — Professional whitening of discolored teeth
  - **Orthodontics** — Straightening of teeth and jaws with braces or clear aligners such as Invisalign®
  - Anything not listed explicitly above under "Coverage"
- Care is **covered only** after the Waiting Periods and up to the Limits.
- Except for Checkups and Cleanings, Care is **covered only** if Medically Necessary.

2.7. Eye & Ear Care

Basic Premium

Eye & Ear Care is the medical prevention, examination, and correction of vision, hearing, eye & ear health issues. Preventive measures like Eye & Ear Checkups fall under Preventive Care.

Coverage

Genki Native Basic and **Genki Native Premium** cover:

- **Ear Examinations** — Tests to diagnose ear health issues or hearing problems once symptoms show
- **Ear Procedures** — Treatments for ear Diseases or Injuries
- **Eye Examinations** — Tests to diagnose eye health issues or vision problems once symptoms show
- **Eye Procedures** — Treatments for eye Diseases or Injuries

Genki Native Premium also covers:

- **Contact Lenses** — Soft, rigid, or specialty lenses worn directly on the eye
- **Frames & Lenses** — Eyeglass frames and lenses, with coatings and repairs

Restrictions

- Care that is **not covered**:
  - **Eyesight Correction Surgery** — Laser surgery or implants to permanently improve Your vision
  - **Hearing Aids** — Devices that amplify sound for hearing loss
  - Anything not listed explicitly above under "Coverage"
- Care is **covered only** after the Waiting Periods and up to the Limits.
- Examinations are **covered only** if Medically Necessary.
- Contact Lenses and Frames & Lenses are **covered only** if Prescribed, or if an optician or other eye-care professional recommends them and provides a measurement report showing the need.

2.8. Mental Health Care

Basic Premium

Mental Health Care is medical counseling and treatment for emotional and psychological problems.

Coverage

Genki Native Basic and **Genki Native Premium** cover:

- **Psychiatric Hospitalization** — 24-hour treatment and support for acute mental health crises

Genki Native Premium also covers:

- **Psychiatry** — Visits with a psychiatrist for diagnosis and medication management
- **Talk Therapy** — Sessions with a psychologist or psychotherapist
- **Therapy Apps** — Online talk therapy through specialized apps

Restrictions

- Care not listed explicitly above under "Coverage" is **not covered**.
- Care is **covered only** after the Waiting Periods and up to the Limits.
- Hospitalization is **covered only** if managed by the Emergency Assistance.
- Psychiatry and Talk Therapy are **covered only** if You obtain Prior Approval.
- Therapy Apps are **covered only** if Talk Therapy is Prescribed and would be covered.

2.9. Maternity Care

Basic Premium

Maternity Care is medical support and treatment before, during, and after pregnancy and childbirth.

Coverage

Genki Native Basic and **Genki Native Premium** cover:

- **Severe Complications** — Treatment of a Life-threatening Emergency of You or Your unborn child
- **Termination** — Medically indicated ending of pregnancy for medical reasons

Genki Native Premium also covers:

- **Complications** — Treatment of health issues of You or Your unborn child
- **Prenatal Checkups** — Regular Doctor visits during pregnancy to monitor You and Your unborn child
- **Preparation Courses** — Classes to prepare for childbirth and parenting
- **Ultrasounds** — Imaging scans to check the development and health of Your unborn child
- **First-trimester Screening** — Early check for chromosomal abnormalities
- **Amniocentesis** — Taking a small amount of the womb fluid to check the health of Your unborn child
- **Midwives & Obstetricians** — Support from medical professionals during and after Your pregnancy
- **Childbirth** — Delivery in a Hospital, in a birthing center, or at home
- **Postnatal Care** — Checkups, guidance, and vaccinations for You and Your baby after birth
- **Postnatal Exercises** — Guided exercises to rebuild belly and pelvic muscles after childbirth

Restrictions

- Care that is **not covered**:
  - **Birth Assistants** — Trained non-medical supporters (doulas) for emotional and physical help
  - Anything not listed explicitly above under "Coverage"
- Care is **covered only** if You are or were pregnant within the Insurance Period.
- Care is **covered only** after the Waiting Periods and up to the Limits.
- Hospitalization is **covered only** if it is managed by the Emergency Assistance.
- Birthing centers are **covered only** up to the typical costs of a Hospital.
- Complications, First-trimester Screening, Midwives & Obstetricians, Postnatal Care, Prenatal Checkups, Severe Complications, Termination, and Ultrasounds are **covered only** if Medically Necessary.

2.10. Family Care

Basic Premium

Family Care supports Your close family when help is needed because of Your medical condition.

Coverage

Genki Native Basic and **Genki Native Premium** cover:

- **Hospital Visits** — Economy travel and simple stay for one Family Member near Your Hospital

Genki Native Premium also covers:

- **Babysitting** — Caretaking of Your children while You are in the Hospital
- **Parent Beds** — Extra bed in Your Hospital so one of Your parents can stay with You overnight

Restrictions

- Care is **covered only** up to the Limits.
- Hospital Visits:
  - **Covered only** if You obtain Prior Approval.
  - **Covered only** during a covered Hospitalization for a Life-threatening Emergency.
  - **Covered only** for one Family Member's economy-class round-trip and simple stay near Your Hospital during Your Hospitalization.
- Parent Beds:
  - **Covered only** if You obtain Prior Approval.
  - **Covered only** during a covered Hospitalization of an Insured Person under 18 years.
- Babysitting:
  - **Covered only** during Your Hospitalization.
  - **Covered only** for children under 18 years when Your family cannot take care of them.
  - The Insurer cannot organize the babysitting for You. They only reimburse the covered costs.

2.11. Location of Care

Medical Care is **covered only** if received at one of the following locations:

Online

You receive Care through a telemedicine app, website, or hotline.

Doctor's office

You receive Care at a public or private Doctor's office or medical clinic.

This is often referred to as "outpatient".

Hospital

You receive Care at a public or private Hospital.

This is often referred to as "inpatient" in case of a Hospitalization, and "outpatient" without one.

- In case of Hospitalization:
  - Care is **covered only** if Your Hospital obtains confirmation from the Emergency Assistance before Hospitalization or, in a Life-threatening Emergency, as early as possible. If the Hospital refuses to cooperate, You or someone on Your behalf must obtain the confirmation instead.
  - The Emergency Assistance handles payments. You **do not pay** Your Hospital.
  - The Emergency Assistance monitors that Your Hospital provides good and appropriate Care. If needed, they will organize Your transportation to a better Hospital.
- Luxury rooms or amenities like TV, internet, or telephone service are **not covered**.
- The Hospital room is **covered only** up to the Limits.

Home

You receive Care at the place where You currently live, even if You stay there just temporarily.

- Under **Genki Native Basic**, Care at home is **covered only** in these cases:
  - Care is needed because of a Life-threatening Emergency.
- Under **Genki Native Premium**, Care at home is **covered only** in these cases:
  - Care is needed because of a Life-threatening Emergency.
  - Care is received as replacement for a covered Hospitalization and You obtain Prior Approval.

Everywhere else

Care is **covered only** in a Life-threatening Emergency or during medical transportation.

2.12. Transportation

Transportation to a Hospital

Your Insurance **covers** Your transportation by Ambulance to the nearest Hospital capable of treating Your medical condition.

- Transportation is **covered only** if Medically Necessary.
- Transportation is **covered only** in a Medical Emergency or if You obtain Prior Approval upfront.

Transportation to specific treatments

For a covered dialysis, radiation therapy, or chemotherapy treatment, Your Insurance **covers** Your transportation to the treatment location and back home after the treatment.

- Transportation is **covered only** if You obtain Prior Approval upfront.

Repatriation for Care

Your Insurance **covers** bringing You to another country for Care, if all these criteria are met:

- You are Fit to Travel.
- The Care is Medically Necessary and cannot wait a month without serious harm to Your health.
- At least one of these applies where You are:
  - the Care is not available in time, within reach, or to an accepted medical standard.
  - the Care would cost more than the repatriation plus the same Care at the destination.
  - the Care includes an operation or Hospitalization, and You cannot look after Yourself there while You recover.

You choose the destination. It must be a country where:

- that Care and the help You need for daily tasks are available,
- You may lawfully stay for treatment and recovery, and
- You are a national or resident, or You stayed there at least 3 months in the last 12.

Only the Emergency Assistance or the Insurer arrange and pay for the repatriation, without avoidable delay. They choose the route and means Your health requires, at the lowest cost.

Repatriation of Mortal Remains

In case of Your death, Your Insurance **covers** bringing Your remains to another country.

- A Family Member chooses the destination country.
- Only the Emergency Assistance or the Insurer arrange the repatriation, and they pay for it without avoidable delay. They decide how the repatriation is carried out, including the route and the means of transport, so that it is carried out lawfully and with dignity.

3. Restrictions

3.1. Limits

Care is **covered only** up to the limits listed below.

- Limits depend on the country where You receive the Care and the Variant of Your Insurance.
- More than one limit can apply to the same kind of Care.

Care & Limit in…	Genki Native **Basic**	Genki Native **Premium**
Overall maximum coverage Total limit for **all Care**, including more specific Care below	**€1,000,000** per Insurance Year	**€3,500,000** per Insurance Year
General Care Limit for this kind of Care	no specific limit	no specific limit
Hospital Room Limit for this kind of Care	price of a **shared room**	price of a **single room**
Alternative Care Limit for this kind of Care	not covered	**€500** per Insurance Year
Dental Care Limit for this kind of Care, including more specific Care below	not covered	**€3,000** per Insurance Year
↳ **Cleaning** Limit for this kind ofCare	not covered	**€200** per Insurance Year
Eye & Ear Care Limit for this kind of Care, including more specific Care below	no specific limit*	no specific limit
↳ **Contact Lenses + Frames & Lenses** Limit for this kind ofCare, combined	not covered	**€250** per Insurance Year
Family Care Limit for this kind of Care, including more specific Care below	no specific limit*	no specific limit
↳ **Babysitting** Limit for the costs of a babysitter	not covered	**€45 per day** up to 7 days
↳ **Hospital Visits** Limit for the costs of a round-trip and an accommodation	**€5,000** per Insurance Year	**€5,000** per Insurance Year
Maternity Care Limit for this kind of Care, including more specific Care below	no specific limit*	no specific limit
↳ **Preparation Courses + Postnatal Exercises** Limit for this kind of Care, combined	not covered	**€500** per pregnancy
Mental Health Care Limit for this kind of Care	no specific limit*	no specific limit
Preventive Care Limit for this kind of Care	not covered	**€500** per Insurance Year
Rehabilitation Care Limit for this kind of Care	**20 days** per Insurance Year	**30 days** per Insurance Year

Overall maximum coverage in the United States of America Total limit for **all Care** received there	**€250,000** per Insurance Year	**€500,000** per Insurance Year
↳ **Follow-up Care for a Medical Emergency** Limit for Care after You become Fit to Travel, other than repatriation	**€12,500** per Medical Emergency	**€25,000** per Medical Emergency

* **Genki Native Basic** has minimal coverage for this Care. See the section for that kind of Care.

3.2. Deductible

The Deductible is **the amount You must pay first** before Your Insurance covers the rest.

- The Deductible **does not apply to** costs related to **Hospitalization**.
- You can choose between a Deductible of **€0**, **€500**, or **€1,000 per Insurance Year**.
- You choose Your Deductible when You sign up for Your Insurance.
- For example, if Your Deductible is €500 and You request Reimbursement of €2,000 for covered costs, You pay the €500 and the Insurer reimburses You the remaining €1,500. After You have paid the Deductible, no further Deductible is taken from later Reimbursement in that Insurance Year.
- The higher the Deductible the lower the price of Your Insurance.

3.3. Waiting Periods

Some benefits have a Waiting Period. These benefits are **covered only** after the Waiting Period ends.

- The Waiting Period starts on the Start Date of Your Insurance.
- For a benefit added after the Start Date, its Waiting Period starts when the change takes effect.
- Care Prescribed or started during the Waiting Period is **not covered**.
- Where more than one Waiting Period applies to the same Care, the longest one applies.

Care	Waiting Period
Dental Care → Checkups, Cleaning, Endodontics, Extractions, Fillings, Periodontics No Waiting Period if needed as a result of an Accident proven by a Doctor or a police report	**3 months**
Dental Care → Bridges, Crowns, Dentures, Implants, Inlays, Onlays No Waiting Period if needed as a result of an Accident proven by a Doctor or a police report	**12 months**
Eye & Ear Care → Contact Lenses, Frames & Lenses Waiting Period applies without exceptions	**6 months**
Maternity Care No Waiting Period for Severe Complications and Termination in a Life-threatening Emergency	**12 months**
Mental Health Care No Waiting Period in a Life-threatening Emergency	**6 months**
Preventive Care Waiting Period applies without exceptions	**3 months**
All Care in the United States of America Waiting Period applies without exceptions to all Care in that country	**3 months**

3.4. Activities

If Your need for coverage is related to a Disease, an Illness, or an Injury that occurred during or as a result of an activity You performed, all of the following restrictions apply depending on that activity:

Motor vehicle operation

- If You are the driver of a motorcycle or quad, You are **covered only** if You wear a helmet.
  We **highly recommend** wearing a helmet as a passenger.
- If You are the driver of a vehicle other than a Light Motorcycle, You are **covered only** if You own a valid driver's license for the vehicle or a license is not legally required.
  We **highly recommend** proper driving training for all vehicles.

Professional sports

- You are **not covered** for any sport that You are regularly compensated for, including receiving salaries, sponsorships, or other forms of payment.

Other activities

For activities not listed above, no additional restrictions apply.

3.5. Exclusions

1) Official declarations of epidemics, pandemics, or travel warnings do not affect Your coverage.

2) If a local mandate or law requires You to take out local health insurance and You do not have one, the costs that such local insurance would pay are **not covered**.

3) Anything related to the following is **not covered**:

   a) Costs or benefits that other parties pay for You or reimburse You

   b) Search & Rescue

   c) Addiction

   d) Taking part in crimes, wars, riots, insurrections, or similar violent acts

   e) Harm caused by You intentionally

   f) The voluntary consumption of drugs that are illegal in Germany and the country of consumption

   g) Medical treatment that is not performed by a Doctor

   h) Treatment at health resorts, sanitariums, or spa-like establishments

   i) Treatment by Yourself or Your Family Members

   j) Treatment for hair loss, including hair transplants, or for losing or gaining weight

   k) Treatment for improving appearance (cosmetic) or for beauty reasons (aesthetic)

   l) Treatment related to gender reassignment

   m) Treatment related to sexual function or getting pregnant

   n) Treatment that is considered experimental or investigational

   o) Treatment Prescribed or started before Your Insurance starts or after it ends

   p) Excessive, unreasonable, and unusual costs considering the region in which they were incurred

   q) Health products bought for personal use, such as thermometers, blood pressure/sugar monitors, home pregnancy tests, contraceptives, and products to help stop smoking

   r) Treatment that was a reason You chose to come to the country You are in, or an operation or Hospital treatment already needed or foreseeable before You came, other than treatment You receive after a Repatriation for Care

4. Area of Coverage

Your Insurance is valid in every country worldwide, with country-specific restrictions described below.

4.1. United States of America

In the United States of America:

- You are **covered only** for a Medical Emergency, including its follow-up Care, Repatriation for Care, and Repatriation of Mortal Remains.
    - This cover applies only if the emergency starts in the country within the 91 days that begin on the day You arrived, after at least 91 consecutive days outside of it.
    - This cover ends when You become Fit to Travel, plus the 10 days that follow.
- Care is covered only after the Waiting Periods and up to the Limits.

4.2. Countries of Nationality

Coverage in each of Your Countries of Nationality other than the United States of America:

- Under Genki Native Basic, Care is covered only during the 182 days that begin on the day You arrived in the country, after at least 91 consecutive days outside of it.
- Under Genki Native Premium, there are no further restrictions.

5. Period of Coverage

1) Care is **covered only** if its Cost Date falls within the Insurance Period (Start Date until End Date).

2) Your Insurance provides You with long-term coverage. It does not end with a certain age or after a certain period. It will also not end just because You received any benefits from it.

3) Your Insurance ends if any of the following conditions occur. The earliest End Date applies.
   a) It ends if You cancel it with an End Date that meets all these criteria:
      - It is on or after the last day of the first month of Your Insurance.
      - It is on or after the day You cancel it, meaning Your Insurance ends in the future.
      - It is one day before the same day of the month as when Your Insurance started, meaning You can cancel on a monthly basis. For example, if Your Insurance started on a 15th, the End Date must be the 14th. If the same day does not exist in the month, then it must be the day before the last day of the month.
   b) It ends if You cancel it because Your price increases due to Your age (§ 205 (3) VVG) and You do so within two months of that increase. The End Date is the day before the new price is effective.
   c) It ends with the moment of Your death. The End Date is the moment of death.
   d) It ends if the Insurer cancels it because You do not meet Your Obligations or commit fraud. The End Date depends on the circumstances.
   e) 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.

4) You can revoke Your Insurance contract anytime before the Start Date or within 14 days after receiving Your first Certificate of Insurance. Please refer to the notice regarding revocation.

5) You can cancel Your Insurance or revoke the contract in the following ways:
   a) In the Member Center. This is the easiest and fastest way with instant confirmation.
   b) By email to help@genki.world. This involves a manual review and takes more time.

6. Price

1) Your price, also known as the “insurance premium”, is indicated on Your Certificate of Insurance.
2) Your price depends on the Start Date, Your age on that date, the Deductible, Variant, and Your health conditions as reviewed by the Insurer when You sign up for Your Insurance.
3) Your price may change if You change anything under point 2).
4) 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.
5) 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 one month before the changes become effective.
6) 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.

7. Payment

1) We collect Your payments for the price 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 the Start Date.
   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 send You an email about Your payment issues immediately. Make sure to check the spam folder.
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. Just in case.
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.

8. Reimbursement

1) You pay for the costs 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 costs covered by Your Insurance.

2) In case of Hospitalization, the Emergency Assistance will manage payments with the Hospital directly, so You do not need to pay and do not need to request Reimbursement.

3) For costs of at least €2,000, You must send an itemized cost estimate at least 5 days before starting the treatment or otherwise incurring the costs.
   a) You must send it to genki@squarelife.eu (the Insurer).
   b) The Insurer will review it and decide on the exact coverage conditions and limits.
   c) If You do not do this, only 50% of what would otherwise be covered will be reimbursed.
   d) You do not do this in case of Hospitalization managed by the Emergency Assistance.
   e) 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 conditions.

4) The Insurance Year a cost belongs to is determined by its Cost Date.

5) If Your Insurance has a Deductible, covered costs are only reimbursed once the total covered costs for the Insurance Year exceed the Deductible. This excludes costs related to Hospitalization.

6) Where more than one limit applies to a cost, the cost counts toward each of them within the period stated for that limit. If a Deductible also applies, the Deductible applies first and only the remainder of the costs after the Deductible is counted toward the limits.

7) Costs 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 costs.

8) If more than one party is responsible for refunding Your costs, the total amount of money received from all parties must not exceed Your costs.

9) If other parties are responsible to pay for Your costs, 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.

10) The rights to Reimbursement cannot be transferred or pledged.

9. 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 all invoices that list the costs 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 cost 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 at the expense of the Insurer.
3) In case of Hospitalization, Your Hospital must obtain confirmation from the Emergency Assistance before Hospitalization or, in a Life-threatening Emergency, as early as possible. If the Hospital refuses to cooperate, You or someone on Your behalf must obtain the confirmation instead.
4) For any coverage requiring Prior Approval, You must obtain explicit approval from the Insurer first.

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

   In case the Emergency Assistance has already confirmed coverage of Care that typically needs Prior Approval, the approval from the Insurer is already obtained.
5) You must submit a Request for Reimbursement as soon as possible if You incur costs covered by Your Insurance. This does not apply if their payment is managed 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 costs. This may include the relocation to another Hospital if requested by the Emergency Assistance during Hospitalization.
7) If a third party is responsible for Your Disease, Illness, or Injury, and You receive any payment (for example, from a lawsuit or settlement), You agree to use that money to repay the Insurer for any treatment costs the Insurer has already paid, up to the amount the Insurer has paid and may still have to pay. You also agree to help the Insurer recover these costs from the third party if needed.
8) Points 4) of Qualification, 8) of Payment, and 3) and 9) of Reimbursement are also Your obligations.
9) Points 1) through 8) apply to the Insured Person (if at least 18 years old) and also 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 end Your Insurance early.

10. Contact

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

Your concern	What to do and who to contact
• Medical Emergencies	**Call the local emergency hotline! (911, 112, etc.)** 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. Once You are in the Hospital and stabilized it is the right time to call the Emergency Assistance (see below).
• Request for Reimbursement ("Claim")	Please follow the instructions in the Member Center.
• General questions • Changes to Your Insurance • Documents • Billing • Cancellation & revocation • Technical issues • Ideas & suggestions	Contact **Genki** — Your partner, agent, and support: • Self-service in the Member Center • Chat on genki.world • Email help@genki.world • Chat on WhatsApp +49 1573 599 499 7 Available 24/7.
• Notification of costs of €2,000 or more in case of a Medical Emergency • Hospitalization • Doctor and Hospital recommendations	Contact **MCI Assist** — the Emergency Assistance: • Call +34 911 599 948 • Email genki@mciassist.com For Hospitalization, 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. Available 24/7.
• Notification of costs of €2,000 or more without a Medical Emergency • Request Prior Approval if needed • Questions regarding Reimbursement • Confirm coverage before treatment • Complaints	Contact **Squarelife** — the Insurer: • Email genki@squarelife.eu Please include Your Policy Number in Your email to them. Available hours (time in Germany): • Monday to Friday from 8:00 (8 AM) to 18:00 (6 PM) • Not available on German public holidays

11. Insurer

The Insurer is:

> **Squarelife** Insurance AG
> Landstrasse 33
> 9491 Ruggell, Liechtenstein
>
> Represented by Dr. Elias Vicari (CEO) and Jörg Dreisow (CSO)
> Registered in Liechtenstein under number FL-0002.197.226-9
>
> Tel: +423 237 15 65 · Email: info@squarelife.eu · Web: 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 · Email: info@fma-li.li · Web: 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.

Your right to take legal action is not affected.

12. Qualification

1) This insurance is available only for Insured Persons up to 55 years old on the Start Date.
2) This insurance is available exclusively to members of the Association. When You successfully sign up for Your Insurance through Our Website, You will become a passive member of the Association for the entire Insurance Period, at no additional cost.
3) You qualify for this insurance only with the explicit approval by the Insurer. This is decided automatically based on Your health when You complete the application process on Our Website.
4) You must provide all information that We and the Insurer request when You sign up for Your 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.

Newborns & adoption

5) If the Insured Person is a newborn, one parent held this insurance for at least three months up to the birth date, and this insurance was requested for the newborn in writing within two months 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 insured parent.
   d) The birth certificate of the newborn must be provided upon request.
6) The adoption of a child is treated the same as a newborn under point 5), 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.
7) § 198 VVG applies to conditions and coverage related to newborns and adopted children.

13. Other

1) This is a group contract between the Insurer and Us as the Policyholder. By signing up for this insurance, You participate in this contract and obtain certain rights and obligations as described in this document. Your participation is confirmed only by the Certificate of Insurance You will receive.
2) This contract is indefinite with no fixed end date.
3) This contract can be changed by the Insurer yearly effective at the Yearly Renewal Date.
   We will inform You at least one month in advance before a new version becomes effective.
   If You do not want to accept the changes, You can cancel Your Insurance.
4) All dates, times, and periods related to Your Insurance are in the time zone of Germany.
   For example, a day refers to the period from 00:00:00 to 23:59:59 in Germany.
5) Any changes, amendments, or other agreements regarding Your Insurance coverage are only valid if the Insurer confirms them in writing.
6) All declarations of intent and notices to Us or the Insurer must be in writing.
7) All legally binding documents, both contractual and pre-contractual, are provided in English.
8) Communication between You and Us, and separately between You and the Insurer, will be conducted in English.
9) 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.
10) 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.
11) You agree the Insurer, the Association, and We share Your personal non-medical data and the Insurer and We share Your medical data with each other as needed to fulfill Your Insurance contract and to improve products and services.
12) If any terms conflict, exclusions and limitations take precedence over any coverage provisions.
13) If a monthly or yearly period is mentioned and the same day of the month does not exist after the period, it refers to the last day of the last month. For example, one month from 31 March would refer to 30 April (the last day of the month), not 1 May (one day later) or 31 April (does not exist).
14) For costs partially outside a covered period, only days within the period are covered proportionally.
15) The term "**covered only**" further restricts coverage described elsewhere and never extends it.

14. Compliance

1) We cannot guarantee that this insurance will fulfill Your visa or local health insurance requirements. Ensuring Your own compliance with local regulations is not the responsibility of Us or the Insurer.
2) Regarding § 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.

Sanctions

For this contract, sanctions are official restrictions set by the European Union or Liechtenstein that block trade, payments, or services with named people, companies, or countries. This also includes similar restrictions of the United States of America, unless they conflict with European Union or Liechtenstein law.

- You **cannot** sign up for this insurance if You are under sanctions.
- You **cannot** receive any benefits if You are under sanctions.
- You **cannot** pay for this insurance from an account of a sanctioned person, company, or bank.
- You **cannot** receive payouts into an account of a sanctioned person, company, or bank.
- You **must pay** Hospital bills and then request Reimbursements if sanctions block direct payments.
- You **will lose** Your Insurance on the day sanctions against You take effect.

Additional restrictions

- You may have to receive payouts only into bank accounts owned by the Payer.
- You may have to complete additional identity checks before a Reimbursement is paid out.

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 clarify terms used in this document. For Your convenience, they appear in Uppercase Words. They apply to every instance of the term, whether singular, plural, uppercase, or lowercase. They do not apply in the Appendix.

Accident — A sudden and unexpected event caused by an external, violent, and visible factor that results in bodily harm.

Ambulance — A legally authorized emergency vehicle, including road, air, water, and rail vehicles, equipped to provide immediate medical treatment and transport to a Hospital in urgent situations.

Association — The mission-driven association **Nomads for Impact** e.V. in Cologne, Germany. You, like all other beneficiaries of this insurance, receive coverage as members of this association. We have a group insurance policy with the Insurer to make this insurance available to their members.

Care — Any service, treatment, support, or cost that this insurance may cover. In a section describing a specific type of care, it refers only to that type. When used in the context of a coverage period, the relevant date is the Cost Date.

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

Claim — A Request for Reimbursement.

Cost Date — The date a cost belongs to. It is determined by

- in the case of a benefit related to death, the moment of death,
- in the case of treatment, the day of treatment as indicated on the invoice,
- in the case of medications, materials, or devices, the day it was received,
- in all other cases, the day the related benefits were received.

Countries of Nationality — All countries that legally recognize a person as a national, whether the status is termed nationality, citizenship, or a similar designation.

Deductible — The amount You must pay first before Your Insurance covers the rest. See Deductible.

Disease — A clear medical condition affecting the body or mind that can be identified by a Doctor, often caused by infections, genetic factors, or other internal problems.

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

Emergency Assistance — A 24/7 support service included in Your Insurance operated by **MCI Assist**. They help You find reputable Hospitals and Doctors, manage transportation, and manage Hospitalization, including monitoring the quality of Your treatment and arranging direct payments.

End Date — The moment Your Insurance ends. It depends on how Your Insurance ends. If a time was not specified, it ends at 23:59:59 on the specified day. The time zone of Germany applies.

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

Fit to Travel — Medically able to travel to another country, alone or with help, with or without medical care on the way, where the trip is unlikely to seriously harm the person's health. The Insurer or the Emergency Assistance assesses this on the available medical evidence.

Hospital — A legally licensed institution that operates primarily to diagnose and treat Disease, Illness, and Injury. This institution typically 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 health care services.

Hospitalization — Admission to a Hospital with assignment to a bed for treatment, surgery, or close monitoring, whether or not an overnight stay is required. This is also known as an "inpatient stay".

Illness — The experience of feeling unwell or having health symptoms, regardless of whether an underlying Disease can be identified.

Injury — Bodily harm directly caused by an Accident. It must be observable and confirmed by a Doctor.

Insurance Period — The period from the Start Date until and including the End Date of Your Insurance. If there is no End Date yet, the period extends indefinitely.

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 services under the terms outlined in this document.

Life-threatening Emergency — A Medical Emergency where immediate treatment is needed to save Your life. It begins when the symptoms and findings first show that risk. It ends when they no longer show it.

Examples: heart attack, stroke, severe Injury with major blood loss. A broken bone without major blood loss is not a Life-threatening Emergency.

Light Motorcycle — Any two-wheeled motor vehicle whose manufacturer-specified top speed does not exceed 110 km/h (about 68 mph) and that, if fitted with a combustion engine, has a displacement of 125cc or less, or, if electric, has a continuous rated motor power of 11 kW or less.

Medical Emergency — A sudden Disease, Illness, or Injury where, based on symptoms and medical findings at the time, immediate treatment is needed to prevent severe health consequences. It does not need to be sudden if immediate treatment is needed to save Your life. It begins when the symptoms and findings first show that immediate treatment is needed. It ends when they no longer show that need.

Examples: a broken bone, a deep cut that needs stitches, a dislocated shoulder. A head cold, a mild rash, or a planned follow-up visit is not a Medical Emergency.

Medically Necessary — Health care services, treatments, or procedures that are determined by a Doctor to be essential for the diagnosis or treatment of a Disease, Illness, or Injury. 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.

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 as the Insured Person, but can also be a different one. 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. It is shown on Your Certificate of Insurance. You may need it for immigration purposes or for the Emergency Assistance so they can easily find Your Insurance in their system.

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 coverage, including the rights and obligations as described in this document.

Prescribed — Formally recommended in writing on an official document by a Doctor who is authorized to write prescriptions under local laws and regulations, because it is considered Medically Necessary.

Prior Approval — A formal permission You must obtain from the Insurer before receiving certain benefits. The Insurer will review Your situation and may discuss alternative options with You before deciding on the concrete coverage, benefits, and conditions. See also point 4) of Obligations.

Reimbursement — Money the Insurer pays You for covered costs You have already paid for Yourself. This means You will initially be responsible for paying these costs directly. After submitting the proper documentation to the Insurer, they will review Your request and, if covered under Your Insurance, send (reimburse) You money for the covered amount of these costs.

Repatriation for Care — Transport of a person to another country, arranged by the Emergency Assistance or the Insurer, so that the person can receive Care there.

Repatriation of Mortal Remains — Transport of a person's body to another country after that person has died, arranged by the Emergency Assistance or the Insurer.

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

Search & Rescue — Specialized emergency operations aimed at locating and assisting individuals who are lost, stranded, or in immediate danger in remote or hazardous environments. These operations involve deploying trained teams to ensure the safety of the insured and facilitate their extraction. Such services are distinct from regular Ambulance.

Start Date — The moment Your Insurance starts. That is 00:00:00 (midnight) on the day You choose when signing up for Your Insurance. The time zone of Germany applies.

United States of America (USA) — Its 50 states and the District of Columbia. American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the United States Minor Outlying Islands, and the U.S. Virgin Islands are not part of the United States of America.

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, and price. This allows You to select the version that best fits Your needs and budget. See Coverage.

VVG — The German Insurance Contract Act (Versicherungsvertragsgesetz).

Waiting Period — The time You must wait after Your Insurance starts or changes before certain benefits are covered. See Waiting Periods.

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 agent and policyholder, simplify the management of Your Insurance, and take care of supporting You.

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 costs are covered, limited, or excluded, or benefits provided 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

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

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.

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