

# Care College オンライン申し込み方法

(表示データはサンプルです)

▼以下のリンクからお申し込みできます

[https://www.care-concept.de/krankenversicherung/sprachschueler\\_und\\_studenten/auslaendische\\_studenten\\_versicherung\\_e-antrag\\_eng.php?navilang=eng&vmnr=003825000S&mail=mika@m-stil.jp](https://www.care-concept.de/krankenversicherung/sprachschueler_und_studenten/auslaendische_studenten_versicherung_e-antrag_eng.php?navilang=eng&vmnr=003825000S&mail=mika@m-stil.jp)


Care College

online application

Health insurance for language pupils & students

## Notes on completing the form

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

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

## Important questions

Has the insured person already been insured with ourselves?  Yes  No

初めての加入の場合はNOを選択

Did the IP hold health insurance in the travel country before commencement of coverage?  Yes  No

渡航前の申し込みの場合はNOを選択

## Policyholder / Contracting Party

### 申込者について

Is the insured party a company? 法人での加入ですか?  Yes  No

個人での加入の場合はNOを選択

Salutation	First name	Last name	Date of birth			Age
<small>性別</small> Ms. ▼	<small>名前</small> Doitsu	<small>苗字</small> Ikuko	<small>日</small> 01 ▼	<small>月</small> 11 ▼	<small>年</small> 1990 ▼	26

Are the policyholder and the insured person identical?  Yes  No

申込者と保険加入者は同一人物ですか? 保険加入者本人の場合はYesを選択

## Policyholder's address/Contact information

### 申し込み者の住所

c/o

Street no

Postal code City

Region\* | Country

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

ご自身の現住所を記入してください

お住まいのポストにご本人の苗字が表記されていない場合は、表記されている苗字をc/o欄にご記入ください。

## Insured person

### 加入者情報

Salutation	First name	Last name	Date of birth			Age	Nationality
<small>性別</small> Ms. ▼	<small>名前</small> Doitsu	<small>苗字</small> Ikuko	<small>日</small> 01 ▼	<small>月</small> 11 ▼	<small>年</small> 1990 ▼	26	<small>国籍</small> Japan ▼



Insurance plan

Care College Comfort

加入する保険プランを選択

Inception date

01 03 2017

加入開始日を選択

Duration

12 Months

加入期間を選択



Residence before starting trip

現在の居住国を選択

Japan

Country of stay

渡航先の国を選択

Germany

Entry/departure date

入国日を選択

01 03 2017

Reason for stay abroad

渡航理由を選択

Language student

Please fill in your language school, university or Fachhochschule

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

渡航理由でStudents、Language studentsを選択すると学校名の記入を求められます。大学名もしくは語学学校名を入力してください。(確定情報でなくても問題ないので何かしら入力してください)

Error: Reason for stay abroad is not a valid reason. Please select a valid reason from the list. (Example: Fachhochschule)

※ワーキングホリデービザ申請者は加入必須！！【賠償保険、事故保険】



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

from 2€ / month

Yes  No

Information about liability- and accident insurance

Insurance plan

Type M

Inception date

01 03 2017

Duration

12 Months

Premium\*

€ 48,00 one-off

\* 加入する保険プランを選択 加入開始日を選択 加入期間を選択 保険料が自動計算されます

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



Direct debit monthly ・月々の銀行引き落とし

Bank transfer monthly ・月々の銀行送金

Direct debit one-off ・一括銀行引き落とし

Bank transfer one-off ・一括銀行送金

VISA one-off ・クレジットカード一括

PayPal one-off ・PayPal一括

クレジットカード、PayPalは一括払いのみ対応。保険料の4%の手数料がかかります。

※ワーキングホリデービザ申請者は一括払いのいずれかで支払いをしてください。

## Premium calculation

## 保険料の計算

選択したプランと保険加入期間、支払い方法に応じた保険料の支払い額が自動計算されます。

€ 396,00 one-off

Health insurance 健康保険料

€ 48,00 one-off

Liability insurance 賠償保険、事故保険料  
Accident and liability insurance

€ 17,76 one-off

Payment surcharge ←クレジットカード、Paypal払いの手数料

The health insurance premium increases as of the month 18 up to € 56.00 monthly

## Additional information for contact in the event of questions

e-mail

Area code\*

Telephone\*

Fax-no.\*

Where did you hear about us?

どこでCare Conceptを知りましたか？

e-mailアドレスを入力

空欄でも問題ありません

Insurance broker ▼

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

保険証書の受け取り先アドレスとして追加があれば入力（空欄でも問題ありません）

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

## Conditions health insurance

By clicking on following conditions following conditions

チェックをすることで、以下の各条件に目を通し、承諾したこととします。また各書類を印刷もしくはダウンロードしたこととします。

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

- 契約条件
- 健康保険の条件
- 通信販売法に関する情報
- 明示の声明
- 商品情報
- 消費者情報

## Conditions of liability/accident insurance

By clicking on following conditions following conditions

チェックをすることで、以下の各条件に目を通し、承諾したこととします。また各書類を印刷もしくはダウンロードしたこととします。

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

- 賠償保険、事故保険の条件
- 商品情報
- 消費者情報

## Send application

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

Send application

クリックをして申し込み完了！  
完了後、メールにて保険証書が届きます。