

## Details of contract merging valid from \_\_\_\_\_ (please indicate date)

If no date is given, the contract merging will be done at the next possible date

### 1 Persons remaining in the contract:

Family contact person

Surname, name

Insurance no.

Date of birth

Marital status

Street, No.

Postcode, town/city

E-mail

Telephone

Bank-/Postal account

Bank name

IBAN

Do you wish to make a payment to a foreign account? If you provide us with a foreign IBAN, you accept that you have to pay a fee of CHF 3.– per transfer. We will deduct the fee directly from the amount to be transferred.

Collection frequency

☐ Monthly <sup>1</sup>

☐ Bi-monthly <sup>1</sup>

☐ Quarterly

☐ Every 6 months (0,5% discount)

☐ Yearly (1% discount)

☐ Bank direct debit (LSV)

☐ Swiss Direct Debit (CH-DD)

<sup>1</sup> The premium total must exceed **CHF 100.00**

Further contract members

Surname, name

Insurance no.

Date of birth

Marital status

Surname, name

Insurance no.

Date of birth

Marital status

Surname, name

Insurance no.

Date of birth

Marital status

### 2 Persons joining family contract:

Surname, name

Insurance no.

Date of birth

Marital status

Surname, name

Insurance no.

Date of birth

Marital status

Surname, name

Insurance no.

Date of birth

Marital status

All adult insured persons agree that the Helsana Group may issue all correspondence bundled to the family contact person.

The family contact person therefore has insight into all their data, including particularly sensitive data. If an insured person of age no longer agrees to this, they will inform Customer Service of their revocation in writing.

Place and date

Signature of family contact person

Place and date

Signature of all listed adults