

Health declaration for Helsana Business Salary/Accident

<input type="radio"/> New contract	Firm		
<input type="radio"/> Policy changes	Postcode, town		
Contract no.-Nr.	Beginning	Grouping	
Person to be insured	Surname, first name		
<input type="radio"/> male <input type="radio"/> female	Private address, street no.		
Date of birth	Postcode, town		
Income to be insured	CHF	per year	
Requested insurance cover	<input type="radio"/> Illness <input type="radio"/> Accident	Social Security no. (AHV)	

Each of the following questions must be answered personally by the applicant or their legal representative. The person to be insured can submit the completed form in a sealed envelope to the above-mentioned Helsana general agency for the attention of the medical risk assessment.

1. Have you taken out other insurances for loss of salary (daily allowance) in case of incapacity to work? If yes: ☐ Yes ☐ No

Insurer (except SUVA/UVG)	Amount in CHF
<input type="radio"/> Accident <input type="radio"/> Illness	<input type="radio"/> per day <input type="radio"/> monthly <input type="radio"/> yearly
<input type="radio"/> Accident <input type="radio"/> Illness	<input type="radio"/> per day <input type="radio"/> monthly <input type="radio"/> yearly

Questions on illness and accident cover

2. a) Occupation in the above-mentioned firm Which one?

Working h per week hours	Income CHF	<input type="radio"/> monthly <input type="radio"/> yearly
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b) Present gainful employment/unemployment Which one?

Working h per week hours	Income CHF	<input type="radio"/> monthly <input type="radio"/> yearly
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c) Other gainful employment Which one?

Working h per week hours	Income CHF	<input type="radio"/> monthly <input type="radio"/> yearly
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d) Do you practice any sports? If yes, what kind? ☐ Yes ☐ No

e) In your spare time, are you subject to any danger* or do you practice any sports agonistically? ☐ Yes ☐ No

* e.g., motor sports, paragliding, parachuting, mountaineering, canyoning

If yes, which ones?

3. a) Are you unable or unfit to work? ☐ Yes ☐ No

If yes, to which extent (degree)? %

b) Did you have to interrupt your occupation (work/housework/education) for a period of longer than 3 weeks during the past 5 years? If yes, please describe in question 11. ☐ Yes ☐ No

c) Do you have a disability or congenital defect, or do you draw an annuity or daily allowance? ☐ Yes ☐ No

(e.g., from IV, MV, SUVA/UVG or other insurances)

If yes, which ones?

4. In the past 5 years, did you have an accident and/or do you still suffer from any consequences of an accident? ☐ Yes ☐ No

If yes, please describe in question 11.

5. Are you infected with HIV? ☐ Yes ☐ No

6. a) Do you or did you drink alcohol regularly*? ☐ Yes ☐ No

* more than 0.5 l wine or 1 l beer or 1.5 dl spirits per day

b) Do you smoke more than 20 cigarettes, 6 cigars or 4 pipes per day? ☐ Yes ☐ No

Please see overleaf

c) Do you or did you take drugs?		<input type="radio"/> Yes	<input type="radio"/> No
		If yes, which ones?	
		from	to
7. Do you take/did you take medication* regularly or were you prescribed to take any during the past 10 years?		<input type="radio"/> Yes	<input type="radio"/> No
		If yes, which ones?	
*except birth control pill			
8. Physique	Height (cm)	Weight (kg)	
Questions on illness cover		(If you are applying only for accident cover, you can skip the questions on illness cover.)	
9. a) Are you receiving medical treatment/examination at the moment (physician, naturopath or therapist) or is it under consideration?		<input type="radio"/> Yes	<input type="radio"/> No
	If yes, why?		
b) Have you ever been advised to have a medical check-up/examination and not done so?		<input type="radio"/> Yes	<input type="radio"/> No
	If yes, why?		
10. c) In the last 10 years, have you had any medical/naturopathic/therapeutic treatment/check-ups/examinations either as an in- or outpatient for any physical or mental problems?	For example, because of illness or disorder:		
	a) of the respiratory system?	<input type="radio"/> Yes	<input type="radio"/> No
	b) of the heart, the blood vessels, or the cardiovascular system?	<input type="radio"/> Yes	<input type="radio"/> No
	c) of the brain or nervous system?	<input type="radio"/> Yes	<input type="radio"/> No
	d) of the digestive system?	<input type="radio"/> Yes	<input type="radio"/> No
	e) of the urinary tract or reproductive organs?	<input type="radio"/> Yes	<input type="radio"/> No
	f) of the skin or allergies?	<input type="radio"/> Yes	<input type="radio"/> No
	g) of the muscles, bones, joints, or spinal column?	<input type="radio"/> Yes	<input type="radio"/> No
	h) of the metabolism or endocrine system?	<input type="radio"/> Yes	<input type="radio"/> No
	i) of the blood or infectious illnesses?	<input type="radio"/> Yes	<input type="radio"/> No
	j) of the eye, ear, or nose?	<input type="radio"/> Yes	<input type="radio"/> No
	k) Cancer?	<input type="radio"/> Yes	<input type="radio"/> No
	l) any other illness/physical handicap/congenital defect not mentioned in the above list?	<input type="radio"/> Yes	<input type="radio"/> No
11. Further details (illness and accident)			
If you answered one of the questions under 3b), 4 or 10 with «Yes», please give exact details.			
Question	Type of illness/disorder (diagnosis), type of complaint or result/reason of treatment/examination/check-up	Year/Date from – to	Name and address of the physician/therapist/hospital
			Cured with no aftereffects
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
12. General practitioner or physician best informed to provide details on your health	Surname		
	Street, no.		
	Postcode, town		

With my signature I hereby confirm that I have completed the above questions completely and to the best of my knowledge.

With my signature I hereby release hospitals, doctors, independent examining doctors as well as medical and independent examining staff, authorities, officers and other insurance companies from their legal or contractual duty of confidentiality towards the Helsana Group (Helsana Insurance Company Ltd, Helsana Supplementary Insurances Ltd, Progrès Insurance Company Ltd, Helsana Accidents Ltd, Helsana Investment Ltd, Helsana and Procure Providence Ltd) and enable them to provide the necessary information in connection with the requested insurance policy. I enable the risk assessment departments to examine the health insurance file for basic and supplementary insurance and to use it to this end.

The details given will be used only for risk assessment for the requested insurance cover and for clarification of any breach of the disclosure obligations. These data are processed and stored in a database or kept on paper only for as long as expressly required by legal or contractual provisions as well as for reconsideration for an application that has previously been turned down.

Place and date	Signature of applicant/legal representative	Signature of agent, if applicable
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