

## Amendments to the order of beneficiaries for the lump-sum death benefit of UVG -supplementary insurance

Details of the insured person	First name, surname	
	Civil status	
	Date of birth	

### Note

This form allows the specified group of beneficiaries to be determined individually pursuant to para. 20.1 and 20.3 of the General Insurance Conditions (GIC, 2023 version) of the UVG supplementary insurance, subject to the following conditions:

- The insured person should inform the employer of their choice of beneficiaries in writing using this form;
- The form must be signed personally or furnished with a qualified electronic signature;
- The insured person corresponds to a group category that has insured the “free choice of beneficiary” option as per the policy;
- If there are several forms, the most recently submitted will apply;
- If there are several beneficiaries whose shares in the capital do not add up to 100%, they will be paid out proportionately;
- Notification deadline: If no written declaration is submitted to Helsana within three months of the death of the insured person, payment will be made in accordance with the General Insurance Conditions (GIC, 2023 version) of the UVG supplementary insurance;
- In the event of a claim, please attach this form to the electronic accident notification.

Further legally binding conditions can be found in the General Insurance Conditions (GIC, 2023 version) of the UVG supplementary insurance and in the policy.

**Declaration** In the event of my death, I would like the beneficiaries listed below to be awarded the following amounts:

Person	First name Surname	Date of birth	Address	Quota in %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

By signing this form, I confirm that I have read the form “Amendments to the order of beneficiaries for the lump-sum death benefit” and the General Insurance Conditions (GIC, 2023 version) of the UVG supplementary insurance, including the chapter “In the event of death”, and that all the information I have supplied is complete and accurate. I am aware that this document supersedes all previously submitted forms.

Place and date

Signature of the insured person  
or the legal representative