

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 _____

Collection frequency

Monthly ¹ Bi-monthly ¹ Quarterly

Every 6 months (0,5% discount) Yearly (1% discount)

Bank direct debit (LSV) Swiss Direct Debit (CH-DD)

¹ 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 _____