

Details of contract merging valid from _____ (please indicate 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	<input type="checkbox"/> Monthly ¹ <input type="checkbox"/> Bi-monthly ¹ <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 6 months (0,5% discount) <input type="checkbox"/> Yearly (1% discount) <input type="checkbox"/> Bank direct debit (LSV) <input type="checkbox"/> 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
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Place and date	Signature of all listed adults
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