

Contract merging

Details of contract merging valid from

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 number

Date of birth

Street, No.

Postcode, town/city

E-mail

Telephone

Can we use the same bank account details?

☐ Yes

☐ No, 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?

☐ monthly¹

☐ bi-monthly¹

☐ quarterly

☐ every 6 month

☐ yearly (0.5% discount)

☐ Bank direct debit (LSV)

☐ Swiss Direct Debit (CH-DD)

¹ The premium total must exceed CHF 100. –.

Further contact members

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

2. Persons joining family contract

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

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

Please send us a copy of the death certificate and this form **form@helsana.ch** in a myHelsana portal message or by post to: Helsana Insurance Company Ltd, PO Box, 8081 Zurich