

## Details of contract separation as at \_\_\_\_\_ (please indicate date)

### 1 Details of existing contract

Family contract person

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Street, no. \_\_\_\_\_

Postcode, town/city \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Bank/postal account still the same?  Yes  No: IBAN \_\_\_\_\_

Further contract members

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

### 2 Persons included in the new contract

New family contract person

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Street, no. \_\_\_\_\_

Postcode, town/city \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Bank/postal account

Name of bank \_\_\_\_\_

IBAN \_\_\_\_\_

Collection frequency  Monthly <sup>1</sup>  Bi-monthly <sup>1</sup>  Quarterly

<sup>1</sup> The premium total must exceed CHF 100  Every 6 months (0.5% discount)  Every 12 months (1% discount)

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

Further contract members

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Surname, name \_\_\_\_\_

Insurance no. \_\_\_\_\_ Date of birth \_\_\_\_\_

### 3 I hereby confirm that I have acknowledged the date of separation before submitting this form

Place and date \_\_\_\_\_ Signature of head of family/family contact person \_\_\_\_\_

Place and date \_\_\_\_\_ Signature of new family contract person \_\_\_\_\_

Place and date \_\_\_\_\_ Signature of all listed adults \_\_\_\_\_