

Details of contract separation as at _____ (please indicate date)

If no date is given, the contract separation will be done at the next possible date

1 Details of existing contract

Family contact 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 contact person

Surname, name _____
Insurance no. _____ Date of birth _____
Street, no. _____
Postcode, town/city _____
E-mail _____ Phone _____

Bank/postal account

Name of bank _____
IBAN _____

Payment frequency Monthly ¹ Bi-monthly ¹ Quarterly

¹The 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 family contact person _____

Place and date _____ Signature of new family contact person _____

Place and date _____ Signature of all listed adults _____