

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	

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.

Payment frequency	<input type="checkbox"/> Monthly ¹	<input type="checkbox"/> Bi-monthly ¹	<input type="checkbox"/> Quarterly
¹ The premium total must exceed CHF 100	<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Every 12 months (0.5% discount)	
	<input type="checkbox"/> Bank direct debit (LSV)	<input type="checkbox"/> 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