

Information for dents pursuant to Art. 45 of the Insurance Supervision Act (VAG)

Your insurance advisor,
Helsana employee

Business card or personal details of advisor
Surname, first name
Helsana Insurance Company Ltd
Address supplement
Street, no
Postcode, Town/City

As an insurance advisor employed by Helsana Insurance Company Ltd, I am at liberty to propose insurance products from the following insurance companies to you:

Insurer*	Insurance line
Helsana Supplementary Insurances Ltd Zürichstrasse 130 8600 Dübendorf	Personal insurance: – Supplementary healthcare insurance, – Supplementary hospital insurance Financial security: – Daily allowance insurance, – Capital insurance
Helsana Rechtsschutz AG Entfelderstrasse 2 5001 Aarau	Legal expenses insurance
European Travel Insurance Co. Ltd Steingraben 28 4051 Basel	Personal insurance: – Medical expenses insurance for foreign visitors in the event of illness/accident in Switzerland
Solida Versicherungen AG Saumackerstr. 35 8048 Zürich	Financial security: – Capital insurance

*Helsana Insurance Company Ltd of Zürichstrasse 13, 8600 Dübendorf, Switzerland has concluded cooperation and intermediary agreements with the above-mentioned insurance companies. Should the information provided in my consultation lead to errors or inaccuracy the individual insurers, including Helsana Insurance Company Ltd, can directly be held liable.

Data protection/confidentiality

The personal information we obtain from you is used for advisory purposes and to process your application for insurance. In addition to the insurance advisor, those insurance companies from which a quote was specifically requested will acquire knowledge of this information. Following the conclusion of an insurance contract the data will be processed in accordance with the provisions of the respective insurer.

Data processing is carried out in line with the Data Protection Act. Your personal data will not be passed on to third parties. Contractual partners, members of the Helsana Group, Helsana Investment Ltd and Procure Providence Ltd are not deemed to be third parties.

This personal data will only be processed and stored for as long as required by statutory and contractual provisions, and will be deleted thereafter. By law you have the right to obtain information on the processing of your data from the insurer, in accordance with Art. 8 of the Data Protection Act (DSG).

Place and date

Signature Insurance advisor

I hereby confirm that I have received and acknowledged this identification form from the insurance broker.

Place and date

Signature of client

