

Customer information according to the VVG

	This information sheet provides a brief overview of the insurer and the fundamental parts of the insurance policy (Art. 3 of the Federal Act on Insurance Contracts/VVG). The rights and obligations of the contract parties are based on the insurance proposal, the insurance policy, the general, additional and special insurance conditions as well as the relevant laws, in particular the VVG.
Who is the insurer?	The contract partner is Helsana Supplementary Insurances Ltd (hereinafter known as Helsana), headquartered in 8600 Dübendorf. Helsana also offers insurance products in partnership with other insurance companies. Details can be found in the relevant insurance conditions.
Which risks are insured and what is the scope of the insurance cover?	The insurance cover is determined individually based on the chosen insurance product. Optionally it is possible to cover against the risks illness and/or accident and/or maternity the costs for medical care (e.g. medical treatments, hospital stays and stays in convalescent facilities, home nursing, drugs, dental treatments) as well as for costs related to the mentioned risks (e.g. therapies prescribed by a doctor, household help, transport and rescue costs, loss of income) and to take out capital insurance plans for the event of disability and death. The actual insurance cover can be gathered from the 'Insurance quote' documentation respectively the insurance policy as well as from the insurance conditions.
How much are the premiums?	Premiums depend on age, the legal abode of the insured person, the risks being insured as well as the level of cover desired and co-payment (deductible and excess). Details on premiums and co-payment can be found in the insurance proposal, the insurance policy and the insurance conditions. Conditions for group insurance policies may differ.
When are the premiums paid?	Annual premiums must be paid in advance, and are due on January 1 of each year, or on the first of the month when paying monthly. In the event Helsana pays the service provider (doctor, hospital, pharmacist) directly, the insured person is required to refund Helsana the agreed co-payment within 30 days of the invoice being issued.
What happens if premiums and co-payment are not paid?	If the insured person falls behind with payment of the premium or the co-payment, has been issued a reminder and Helsana chooses not to resort to legal means to recover the outstanding amount, Helsana will cancel the policy, thus ending it.
In what circumstances can a premium refund be claimed?	
Basic principle	When the contract is dissolved or ended early, the premium is payable only for the period up until the dissolution of the contract.
Exceptions	Helsana retains the premium when: <ul style="list-style-type: none"> – the contract was in force for less than one year; – the insured person dissolved the contract by cancelling it.
What other obligations does the insured person have?	
Notification requirement	The insured person must without delay inform Helsana when an event covered by insurance occurs. Should there be any major change of circumstance during the policy duration that could lead to a higher level of risk, Helsana must be immediately informed of this in writing.
Cooperation requirement	The insured person is required to provide Helsana with full and accurate details of everything related to the insurance event as well as to earlier illnesses and accidents and must release the medical staff providing treatment (doctor, etc.) from their professional obligation to patient confidentiality when dealing with Helsana.
Requirement to limit damages	The insured person must do all they can to aid recovery and prevent anything that could delay recovery. In particular, they must follow the advice of doctors and care staff.
When does insurance begin?	Insurance starts on the day stated in the insurance proposal/policy. The exact date can be found in the Insurance Offer documentation.
How long does the policy last?	The policy is agreed for an unspecified duration provided the insurance policy, insurance conditions or group policy is not for a fixed term. The minimum duration of a policy that has been taken out for an unspecified duration is one year, provided the insurance proposal/policy does not specify another minimum duration. Exact details can be found in the Insurance Offer documentation.

When does the policy end?

Cancellation by the insured person

The insured person can cancel the policy:

- after one year of uninterrupted insurance cover, by giving three months' notice at the end of the calendar year. Cancellation will take effect as long as the notice has reached Helsana by the last day of the month before the notice period concludes. Any exceptions to this rule can be found in the insurance conditions.
- after any event for which Helsana has to provide benefits. The insured person may cancel the contract within 14 days of payment of the benefits or within 14 days of the relevant notice. Insurance cover ceases once Helsana has received confirmation.

Cancellation by Helsana

Helsana may cancel the policy when facts on significant risks have been withheld or incorrectly disclosed (contravention of disclosure requirement). The cancellation right expires four weeks after Helsana became aware of the contravention of the disclosure requirement. However, Helsana will not cancel the policy when it expires or in the event of a claim.

Withdrawal by Helsana

Helsana may withdraw from the policy when the insured person is late in paying premiums or the co-payment and has received a reminder.

Automatic expiry

The policy expires automatically:

- with the death of the insured person;
- when the insured person moves their legal abode abroad, provided no other agreement has been arranged.

This list contains only the main reasons.
Other reasons can be found in the insurance conditions.

How does Helsana handle data?

Helsana refers to the privacy policies of Helsana Supplementary Insurances Ltd, available at www.helsana.ch/data-protection.
