

Helsana Versicherungen AG
Postfach
8081 Zürich

Account details

Details of insured person

Surname, first name

Insurance no.

Street, no.

Postcode, town

Telephone

E-mail

Bank/post office account

Name of the bank

IBAN

Account holder

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.

Additional details for foreign account

BIC/SWIFT Code

Address of the bank

Place and date

Signature of insured person

* Is the account information for premium and benefit refunds in the name of a different person? Then we also need their signature.

Place and date

Signature of account holder
