

## Reporting a death

When an insured person dies, their compulsory health insurance ends. We endeavour to keep the administrative effort to a minimum. Premiums that have already been paid will be refunded. Please report a death by submitting the completed form by e-mail to [form@helsana.ch](mailto:form@helsana.ch) or by post.

### 1. Details of the deceased person

Insurance number

First name

Surname

Street, No.

Postcode, Town/City

Date of birth

Date of death

**Can we use the same bank account details?**

Yes

No

**Cause of death:**

Illness

Accident

Old age

Other

### 2. Contact person's details

First name

Surname

Street, No.

Postcode, Town/City

Telephone number

E-mail

**Relationship to the deceased person:**

Partner

Close relative

Social services representative

Other

**How may we contact you?**

E-mail

Phone

Post

### Comments

Please send us a copy of the death certificate and this form [form@helsana.ch](mailto:form@helsana.ch) in a myHelsana portal message or by post to:

Helsana Insurance Company Ltd, PO Box, 8081 Zurich

**Good to know:** You can also submit the death certificate at a later date.

Place and date

Signature