

Helsana-Gruppe
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

Is the account registered to someone else, and will the account holder also receive the benefit statements as well as be in charge of claims and reimbursements? In this case we also need the address and signature of the account holder.

Account holder

Surname, first name

Street, no.

Postcode, town

Telephone

E-mail

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

Place and date

Signature of account holder