

Details of family/contract merging

Valid from

1 Persons remaining in the contract:

- Group contract no.
 Individual insurance

Surname, first name

Insurance no.

Date of birth

Marital status

Surname, first name

Insurance no.

Date of birth

Marital status

Surname, first name

Insurance no.

Date of birth

Marital status

Surname, first name

Insurance no.

Date of birth

Marital status

Street, No.

Postcode, town/city

E-mail

Telephone

Bank name

IBAN

Address*

- Premium payor
 Benefits receiver

Bank-/Postal account*

- Premium payor
 Benefits receiver

Collection frequency*

- Premium payor
 Benefits receiver

Monthly ¹

Bi-monthly

Quarterly

Every 6 months (0,5% discount)

Yearly (1% discount)

Bank direct debit (LSV)

Swiss Direct Debit (CH-DD)

* Must correspond with head of family.

¹ Premium total must exceed CHF 50.

2 Persons joining family contract:

- Group contract no.
 Individual insurance

Surname, first name

Insurance no.

Date of birth

Marital status

Surname, first name

Insurance no.

Date of birth

Marital status

Surname, first name

Insurance no.

Date of birth

Marital status

All legally adult parties included in this family contract hereby confirm that the individual insurance carriers of the Helsana Group may bundle and deliver all correspondence to the family head. The family head therefore has access to all their data, including highly sensitive personal data. Should one or more of the adult contract holders no longer agree to this, they are to inform customer services of their revocation in writing.

Place and date

Signature of head of family

Place and date

Signature of new contract holder

Signature of all listed adults