

Details of contract separation as at _____ (please indicate date)

1 Details of persons remaining in existing contract

Head of family	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
Group partner*	Name	No.
Address	Street, no.	Postcode, town/city
	E-mail	Phone
Bank/postal account still the same? <input type="checkbox"/> Yes <input type="checkbox"/> No: IBAN		

2 Details of persons joining new contract

New head of family	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
	Surname, first name	
	Insurance no.	Date of birth
Existing membership or work relationship with group partner? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details of new head of family		
Address	Street, no.	Postcode, town/city
	E-mail	Phone
Bank/postal account	Name of bank	
Bank and postal account holder must correspond to the head of the family.	IBAN	
Collection frequency	<input type="checkbox"/> Monthly ¹ <input type="checkbox"/> Bi-monthly ¹ <input type="checkbox"/> Quarterly	
	<input type="checkbox"/> Every 6 months (0.5% discount) <input type="checkbox"/> Every 12 months (1% discount)	
	<input type="checkbox"/> Bank direct debit (LSV) <input type="checkbox"/> Swiss Direct Debit (CH-DD)	

¹ The premium total must exceed CHF 100.00 per month/family.

3 Consent

Place and date	Signature of head of family
Place and date	Signature of new contract holder
	Signature of all listed adults

* Employees or members of clubs and associations can benefit from a discount on supplementary insurance if a group contract providing for this has been concluded between the company/club/association and the Helsana Group. To find out more about this, please ask your company/club/association.