Payment address abroad

Agreement on premium payments and reimbursements

Without payment addresses in Switzerland or the Principality of Liechtenstein.

Premium payments in Switzerland

I agree to make premium payments and co-payments to the following account:

Account holder	SWICA Healthcare Insurance Ltd, Römerstrasse 37, 8400 Winterthur, Switzerland
Amount	All payments must be made in Swiss francs (CHF).
IBAN	CH62 0900 0000 8405 4156 9
BIC/SWIFT	POFICHBEXXX
Bank	Post Finance AG, 3030 Bern
Reference	Insured person's number (you can find this on your insured person's card) Invoice number (you can find this on the payment slip)

Reimbursements to non-Swiss bank accounts

I hereby confirm that I no longer have any means of receiving payments in Switzerland or the Principality of Liechtenstein (e.g. to a bank or postal account or by means of a cheque to an address in Switzerland or the Principality of Liechtenstein) and ask that you transfer any amounts due to me to the account specified below. All payments will be made in Swiss francs (CHF). On submission of this form, benefit statements will be sent to the non-Swiss address specified below.

Insured person's no	
Surname/first name	
Street/no.	
Postcode/town	
Country	
Account holder	
Name of bank	
Address of bank	
Postcode/location of bank	
Country	
IBAN	
BIC/SWIFT	

I agree to bear any relevant bank/transfer charges (e.g. service charges, third-party costs, exchange rate differences).

Place/Date

Signature of the insured person or her/his legal representative

If the account agreement is also to cover other adult insured persons, each relevant individual must sign the form.

093e / online / 11.2025