SWITZERLAND KVG/VVG

DECLARATION BY THE UNDERSIGNED.

DEAR CUSTOMER

Thank you for choosing SWICA. To complete your application, please read the following provisions and indicate your agreement by ticking the boxes and confirm with your signature.

STATEMENT OF UNDERSTANDING TO GO WITH THE APPLICATION

By sending us the insurance application, you confirm that you have understood and agree to the following provisions.
Submission of the application constitutes a legally binding step in entering into an insurance contract under the VVG or applying for admission to mandatory health insurance under the KVG. By doing so, you confirm that the information in the application and the answers to the health questions for admission to supplementary insurance under the VVG are complete, correct, truthful and correspond exactly to what you intended – even if the answers are written by a sales consultant, an agent or a third party.
For insurance under the VVG, the applicant is bound by the application for 14 days, or for four weeks if SWICA requires a medical examination. The period commences when the application is handed or sent to the insurer or its agent. However, you have the statutory right to withdraw your application. For details, please refer to the General Insurance Conditions (GIC) and the Supplementary Conditions (SC) under the Insurance Contract Act (VVG).

EXCLUSIONS

In case of any changes in supplementary insurance under the VVG, the "Special Conditions" (such as provisos/exclusions, etc.) in effect will continue to apply in the same way to the adjusted product.

GENERAL INSURANCE CONDITIONS AND SUPPLEMENTARY CONDITIONS

Under the General Insurance Conditions (GIC) and the Supplementary Conditions (SC) under the VVG, SWICA has the right to terminate the contract in writing, or in another form deemed as written proof, if any information in the health declaration or medical history was falsified or omitted, in which case SWICA can demand repayment of all benefits relating to the breached notification obligation from the beginning of the contract or from when provisional cover was granted.
By submitting the application, you confirm your legally binding acceptance of the GIC and the SC as integral parts of the insurance contract and of SWICA's Data Protection Declaration. As a person covered under a special form of insurance, you confirm that you will have all treatments and examinations administered in accordance with the respective conditions that apply.

APPLICATION AND NOTIFICATION OBLIGATIONS

The contract is valid as soon as SWICA has issued the insurance policy or declared acceptance of the application in writing, or in another form deemed as written proof, but no earlier than on the agreed date. This application is binding and subject to changes in the offers and premiums. The Federal Office of Public Health (FOPH) must approve the premiums for health insurance under the KVG; the Swiss Financial Market Supervisory Authority (FINMA) must approve the premiums for supplementary insurance under the VVG.

DATA PROCESSING IN CONNECTION WITH THE APPLICATION AND INSURANCE CONTRACT

You hereby agree that SWICA can use your personal data, including any health data, in connection with processing the **application** and **managing the insurance contract** for the following purposes:
When processing the **application** under the VVG, SWICA can contact all your medical service providers, therapists and institutions, social and private insurers in Switzerland and elsewhere, the authorities, as well as insurance companies within SWICA Group in order to share and obtain the information it needs for evaluating this application, clarifying possible disclosure violations, and establishing the entitlement to benefits. This means you have expressly exempted those individuals and institutions from their professional secrecy and non-disclosure obligations towards the insurer and its contracting parties. If the application is rejected, SWICA will keep the completed application, including the health declaration of initially rejected applicants, for a maximum of five years in case that a new application is submitted at a later date. The data from the health declaration solely serves the purpose of reviewing applications for supplementary insurance under the VVG and is used only by the medical examiner's office, its auxiliary staff and authorised SWICA employees who assess the risk, investigate cases where disclosure obligations may have been breached, and process benefits.
Furthermore, you agree that SWICA can use the data while processing the insurance contract under the KVG and VVG in order to:

- calculate and collect premiums; assess benefit claims and calculate, grant and coordinate benefits with insurers; assert a right of recourse against a liable third party; keep statistics (especially for health services research and measures of integrated care, planning or developing products, as a basis for business decisions [e.g. determining key figures on the use of services, capacity utilisation rates, developing ideas for new insurance models or assessing existing models, services, procedures, technologies, returns]);
- provide customers with exclusive support as part of the customer journey (SWICA understands "customer journey" as the provision of customer-specific and individual support in case of an insurance-relevant event).

INFORMATION EXCHANGE WITHIN SWICA GROUP WHILE MANAGING THE CONTRACT

To ensure timely processing of the contract, you hereby authorise SWICA to share and use the processed data, including any health data, within the organisational unit of the responsible insurance carrier and the insurance companies of SWICA Group for the purpose of managing the contract.
In order to assess the risk and clarify a possible breach of disclosure obligations in connection with supplementary insurance under the VVG, SWICA can inspect any benefit and application data already known to SWICA Group and process the data for this purpose.

DATA PROCESSING RELATING TO THE INSURANCE CARD

You hereby agree that information about supplementary insurance under the VVG may be accessed electronically with an insurance card.

FURTHER DATA PROCESSING

SWICA will process your data for marketing activities (SWICA understands marketing activities to include data-driven market research, comprehensive support, advice and information about the range of services and products, preparation and provision of customised services, e.g. advertising in print and online, submission of higher insurance offers based on statistical values; customer, prospective customer or cultural events, sponsorship; surveys to understand customer satisfaction and future customer needs or behaviour; and assessments of a customer, market or product potential).

RIGHT OF OBJECTION AND WITHDRAWAL OF CONSENT

You can revoke your consent to data processing or object to one of the above-mentioned data processing operations at any time. Please send any enquiries directly to datenschutz@swica.ch.

MORE INFORMATION ABOUT DATA PROCESSING

Please refer to SWICA's Data Protection Declaration (also under swica.ch/data-protection) for more information about contracted data processing agents, the legal basis and purpose of data processing, and the rights that you as the data subject have with regard to data processing.

DECLARATION OF CONSENT

- ☐ During the application process I was properly informed about all provisions relevant to the insurance relationship (in particular pursuant to Art. 3 VVG concerning the insured risks, the premiums owed and the policyholder's further obligations, the scope of cover and benefits [including the inclusion/exclusion of accident cover], whether cover involves fixed-sum or indemnity insurance, the term and termination of the contract, the right of revocation under Art. 2a VVG [incl. the form and withdrawal deadline], the submission deadlines for claims, and the validity period of the cover), the relevant GIC and SC and any special conditions that apply, and declare that I fully agree with these terms.
- ☐ I have been informed in detail about the nature and purpose of data processing and the data to be processed. I agree to the above-mentioned data processing operations within the scope of the application and insurance contract processing.

Surname

First name

Date of birth (day/month/year)

Place/Date

Signature of applicant/legal representative

Name and signature of the adviser

No. of distribution partner

Submitted enclosures:

- ☐ Summary of benefits
- ☐ GIC/SC
- ☐ Information obligation (art. 45 VAG)
- ☐ Information sheets/Flyers
- ☐ Data Protection Declaration

225e/ online / 10.2022