SWITZERLAND KVG

INSURANCE REGISTRATION.

☐ Individual policy ☐ Family policy

Please enclose the "Power of attorney for an application and joint insurance administration" for every adult.

1. INFORMATION ABOUT CURRENT HEALTH INSURER

Name of your current basic insurer

Termination by: ☐ SWICA ☐ Agent ☐ Customer

2. APPLICANT

In which language would you like the documents? ☐ German ☐ French ☐ Italian ☐ English

Surname

First name

SWICA insured person no.

Date of birth (day/month/year) Gender ☐ Male ☐ Female

Nationality

Street/no.

Postcode/Town/Country

Correspondence address/ P.O. Box

Phone (daytime)

Email

Residence permit ☐ B ☐ C ☐ D ☐ L ☐ G ☐ F ☐ N ☐ S ☐ Ci ☐ Undocumented immigrant

☐ Diplomat or person with privileges under international law (Art. 6 KVV)

Status in the case of stay abroad ☐ Transferee ☐ Cross-border commuter ☐ Retiree (AHV/IV)/Unemployed ☐ Family member

Place of residence (Art. 23 ZGB) ☐ Switzerland ☐ Abroad

(Tick only for transferees/L permit.)

3. APPLICANT (IMMIGRATING FROM ABROAD OR CROSS-BORDER COMMUTER)

Date of registration residents' registration office for immigrants*

Start of work/authorisation for cross-border commuters*

Do you have family members who are not gainfully employed and live in the EU or an EFTA country? ☐ Yes ☐ No

If yes, please fill out the supplementary sheet.

*The effective commencement of insurance may differ from the date entered, depending on the group of persons or length of stay.
Please enclose a copy of the relevant documents: residence permit, municipal registration, cross-border commuter permit, legitimation card, employment contract, etc.

Do you receive a salary, pension or other cash benefits from abroad? ☐ Yes ☐ No

If yes, from which countries?

Was your insurance obligation exempted on entering Switzerland? ☐ Yes ☐ No

If yes, please enclose a copy of the exemption order.

4. INFORMATION ABOUT WORK SITUATION

Are you in receipt of unemployment insurance benefits? (ALV) ☐ Yes ☐ No

Are you employed by the same employer for at least 8 hours per week? ☐ Yes ☐ No

5. PAYMENT DETAILS

5.1 DESIRED PAYMENT METHOD FOR PREMIUMS AND CO-PAYMENTS (possible only through a Swiss bank or postal account)

Premiums paid by ☐ E-billing/eBill* ☐ Direct debit/Debit Direct**
☐ Payment slip (ESR) ☐ Premium collection company

Invoicing for premiums ☐ Monthly ☐ Every two months ☐ Quarterly ☐ Every six months ☐ Annually

Co-payments paid by ☐ E-billing/eBill* ☐ Direct debit/Debit Direct** ☐ Payment slip (ESR)

*After receiving your insurance policy, please register for e-billing with your bank/post office.
**Please enclose completed direct debit/Debit Direct form.
We will send you payment slips (ESR) for payment of your premiums and co-payments until your bank authorises the direct debit facility.

5.2 ACCOUNT FOR CREDITS (possible only through a Swiss bank or postal account)

Account holder

IBAN (bank or post office) CH

6. PERSONAL INSURANCE SOLUTION

6.1 HEALTHCARE INSURANCE UNDER THE KVG

Basic insurance model[1]

Medbase health centre/SWICA partner practice/Name of family doctor/Town

Excess in CHF	Accident	Region	Commencement of insurance (day/month/year)	Monthly premium in CHF
	☐ Yes ☐ No			

The quotation is subject to a change in premiums.

Special comments:

[1] Insurance carrier SWICA Healthcare Insurance Ltd

SWITZERLAND KVG

DECLARATION REGARDING ENROLMENT IN MANDATORY HEALTHCARE INSURANCE.

DEAR CUSTOMER

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

DECLARATION OF UNDERSTANDING FOR ENROLMENT IN MANDATORY HEALTHCARE INSURANCE

Submission of the enrolment declaration is deemed as a request for enrolment in mandatory health insurance under the KVG. Furthermore, your submission confirms that the information on the declaration of enrolment is correct and complete.
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.

DATA PROCESSING IN CONNECTION WITH CONTRACT MANAGEMENT

When managing the insurance contract in accordance with the KVG, SWICA processes the data by observing the legal requirements.

INFORMATION EXCHANGE WITHIN SWICA GROUP WHILE MANAGING THE CONTRACT

To ensure timely processing of the contract, SWICA will 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.

FURTHER DATA PROCESSING

With your consent, SWICA Insurances Ltd will process the 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). For this purpose, SWICA Healthcare Insurance Ltd will pass on the data to SWICA Insurances Ltd.

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

- ☐ I fully agree to and have been informed about all provisions relevant to the insurance relationship, about the relevant GIC and SC, and about any special arrangements.
- ☐ I agree to having the data processed for marketing purposes.

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

102e/online/7.2022

THERE FOR YOU, 24 HOURS A DAY, 365 DAYS A YEAR.
Phone 0800 80 90 80 / swica.ch

SWICA