SWITZERLAND KVG/VVG

INSURANCE APPLICATION.

☐ 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

Would you like to terminate your supplementary insurance with your current health insurer? ☐ Yes ☐ No

Termination by: ☐ SWICA ☐ Agent ☐ Customer

Please enclose a copy of the current policy.

There are no supplementary insurances ☐

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)

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

(Tick only for transferees/L permit.)

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

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 OCCUPATION, EMPLOYER AND BONUS PROGRAMME

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

Current occupation ☐ employed ☐ self-employed

Name of employer

(in case of existing group insurance with SWICA)

☐ **BENEVITA – digital health coach with bonus programme.** We support you in making your everyday life healthy, and reward you for doing so. Collect points with the BENEVITA app, learn about health topics and enjoy attractive offers and discount on the COMPLETA TOP and HOSPITA supplementary insurance plans.

Email

(required for BENEVITA bonus programme)

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

203e / online / 10.2022

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

SWICA