

Insurance application

Dental care insurance as per IPA/VVG

Note: To be filled in before the 4th birthday (the decisive date is that on which the application is signed).

All references to persons refer to persons of both genders and to multiple persons.

Option				Monthly premium	Option				Monthly premium
Share	Limit per year			EA	Share	Limit per year			EA
				(00-18)					(00-18)
50%	max.	CHF	600.– per year	7.60	75%	max.	CHF	1500.– per year	22.40
75%	max.	CHF	600.– per year	9.40	75%	max.	CHF	1800.– per year	26.20
50%	max.	CHF	1200.– per year	15.00	75%	max.	CHF	3000.– per year	41.10
75%	max.	CHF	1200.– per year	18.70	75%	max.	CHF	5000.– per year	59.80

Start of insurance 01 . . .

Personal details	
Insured person	
Visana insurance no.	<input type="text"/>
Surname, first name	<input type="text"/>
Street, no.	<input type="text"/>
Postcode, town/city	<input type="text"/>
Foreign national ID	<input type="text"/>
Phone (private)	<input type="text"/>
Phone (business)	<input type="text"/>
Email	<input type="text"/>
Date of birth	<input type="text"/>
Gender	M F Language G F I
New admission	<input type="checkbox"/>
Alteration	<input type="checkbox"/>
Re-admission	<input type="checkbox"/>

Premium payer

Address (only fill in details that differ from those of the insured person)

Surname

First name

Street, no.

Additional address info /
PO box

Postcode, town/city

Phone (private)

Phone (business)

Email

Gender

M

F

Language

G

F

I

Method of payment / Invoicing

monthly

bimonthly

quarterly

semi-annually (1% discount)

annually (2% discount)

Payment transactions

PostFinance account no

Name of bank

IBAN

Postcode, town/city (branch)

Preferred payment method for premiums and invoiced out-of-pocket expenses

LSV+ (direct debit by the bank) *

Debit Direct (Swiss Post)*

Invoice / pay-in slip

E-billing

* Please fill out the Direct Debit Authorization (LSV+) / Debit Direct form and submit it to us as soon as possible.

We would like to draw your attention to the fact that the start of LSV+ debiting may be delayed by the filing of the LSV+ direct debit authorisation at the bank and might come into effect later than desired. Until the LSV+ direct debit authorisation is enabled, you will receive pay-in slips with which to pay premiums and out-of-pocket expenses.

Conditions of insurance

By signing this document, (tick where applicable)

I am applying to take out the aforementioned top-up insurance as per IPA/VVG (Insurance Policies Act).

- I acknowledge that this is not a request for a quotation, but a binding application to enter into an insurance contract as per IPA/VVG.
- I confirm that the information in this insurance contract and regarding health issues is complete, correct and truthful, and corresponds exactly to the facts – even if answers were written by the advisor or a third party.
- I authorise Visana Insurance Ltd to obtain and distribute from all medical professionals and/or other social and private insurers, authorities and Visana Group companies active in the insurance sector (Visana Insurance Ltd, Visana Ltd, sana24 AG, vivacare AG and Galenos AG) the information necessary to evaluate the application and I expressly release these named sources of information from the duty of professional secrecy and the obligation to maintain confidentiality in relation to Visana Insurance Ltd.
- I confirm that I have received the General Conditions of Insurance (GCI), Supplementary Conditions (SC) and/or Supplementary Conditions of Contract (SCC) pertaining to the insurance applied for, and that I accept these conditions.
- I acknowledge that the end of the employment relationship or termination of the membership of the association/society entails automatic reassignment from the collective insurance policy to the individual insurance policy in the following month.
- I agree that information regarding the top-up insurance taken out as per the Insurance Policies Act (IPA/VVG) can be digitally accessed by means of the insurance card.

I also confirm

that I have received the information from the advisor as per art. 45 IOA/VAG;

that I have received a copy of the consultation protocol from the advisor;

that I have received the 'IPA/VVG Customer Information' sheet and (if Visana legal protection is applied for) the 'Customer Information on Legal Protection' sheet.

I hereby authorise

Visana Insurance Ltd to pass on details of any exclusions/refusal to my advisor without disclosing health data.

Place/Date

Are there other current agreements pursuant to IPA/VVG for the duration of the products as per the application?

A copy of the previous insurance policy must be submitted with the application.

Signature

I agree to any multiple insurance. I am aware that until the end of the insurance agreement, I shall therefore pay the premiums to my current insurer and to Visana.

I hereby expressly consent to a postponement of the start of the top-up insurance insofar as necessary.

Advisor's surname, first name

I am aware that Visana reserves the right to require a further health declaration and that in this case, the top-up insurance applied for may subsequently only be granted in limited form or even refused.

The completed and signed consultation protocol is enclosed with the application for dental care insurance.

**Stamp and signature of advisor
No.**

Place, date

**Signature of the person to be insured or
their legal representative**