

## Contract merging

### Details of contract merging valid from

If no date is given, the contract merging will be done at the next possible date.

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### 1. Persons remaining in the contract

Family contact person

Surname, name

Insurance number

Date of birth

Street, No.

Postcode, town/city

E-mail

Telephone

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### Can we use the same bank account details?

Yes

No, IBAN

Do you wish to make a payment to a foreign account? If you provide us with a foreign IBAN, you accept that you have to pay a fee of CHF 3.– per transfer. We will deduct the fee directly from the amount to be transferred.

### Collection frequency?

monthly<sup>1</sup>

bi-monthly<sup>1</sup>

quarterly

every 6 month

yearly (0.5% discount)

<sup>1</sup> The premium total must exceed CHF 100. –.

### Further contact members

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

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### 2. Persons joining family contract

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

Surname, name

Insurance number

Date of birth

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**Persons joining family contract**

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Surname, name

Insurance number

Date of birth

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Surname, name

Insurance number

Date of birth

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All adult insured persons agree that the Helsana Group may issue all correspondence bundled to the family contact person. The family contact person therefore has insight into all their data, including particularly sensitive data. If an insured person of age no longer agrees to this, they will inform Customer Service of their revocation in writing.

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Place and date

Signature of family contact person

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Place and date

Signature of all listed adults

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Please send the completed and signed form to **form@helsana.ch**, in a myHelsana portal message or by post to: Helsana Insurance Company Ltd, PO Box, 8081 Zurich – thank you