

## Details of contract separation as at \_\_\_\_\_ (please indicate date)

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

### 1. Details of existing contract

Family contact person

Surname, name

Insurance no.

Date of birth

Street, no.

Postcode, town/city

E-mail

Phone

#### Bank/postal account still the same?

Yes

No: IBAN

### Further contract members

Surname, name

Insurance no.

Date of birth

Surname, name

Insurance no.

Date of birth

Surname, name

Insurance no.

Date of birth

### 2. Persons included in the new contract

New family contact person

Surname, name

Insurance no.

Date of birth

Street, no.

Postcode, town/city

E-mail

Phone

Bank/postal account

Name of bank

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 months

Every 12 months ((0.5% discount)

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

## Other contract members

Surname, name

Insurance no.

Date of birth

Surname, name

Insurance no.

Date of birth

Surname, name

Insurance no.

Date of birth

Place and date

Signature of family contact person

Place and date

Signature of new family contact person

Place and date

Signature of all listed adults

A contract separation may cause the family discount to change or cease to apply. You'll receive a 5% family discount on supplementary insurance if you are a family of two and 10% for three or more.

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.