

# 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
		<b>(00-18)</b>			<b>(00-18)</b>
<input type="radio"/> 50%	max. CHF 600.– per year	7.30	<input type="radio"/> 75%	max. CHF 1500.– per year	21.70
<input type="radio"/> 75%	max. CHF 600.– per year	9.10	<input type="radio"/> 75%	max. CHF 1800.– per year	25.30
<input type="radio"/> 50%	max. CHF 1200.– per year	14.50	<input type="radio"/> 75%	max. CHF 3000.– per year	39.70
<input type="radio"/> 75%	max. CHF 1200.– per year	18.10	<input type="radio"/> 75%	max. CHF 5000.– per year	57.70

Start of insurance      01   ·      ·  

**Personal details**

Insured person

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

**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)

Gender  M  F Email

**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 in the LSV+ / Debit Direct form

\*Please send us the completed LSV+ / Debit Direct form 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, correct and truthful, and corresponds exactly to the facts – even if answers were written by the adviser 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.

**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.

- 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. 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.

Place, date  Signature

**Advisor's surname, first name**

**Stamp and signature of advisor**  
**No.**

**Place, date**

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