

I am interested in the collective solutions and would like to receive a non-binding offer.

I already have a health insurance from: _____

Policy number: _____ Expiry date: _____

Personal data

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms	Date of birth: _____
Last name: _____	First name: _____
Street: _____	House number: _____
Postcode: _____	Place: _____
Country: _____	Nationality/ies: _____
E-mail: _____	Phone: _____

I wish the following members of my household to be included in the offer (family members, spouse/life partner):

Name, first name (me)	Date of birth	Desired deductible*	Include accident insurance
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

*select one of the following deductibles (in CHF):

adults: 300, 500, 1000, 1500, 2000 or 2500
children: 0, 100, 200, 300, 400, 500 or 600

Basic insurance

Model: Free choice of doctor Telephone model
 HMO General practitioner model, doctor: _____

Supplementary insurance

Alternative/complementary medicine Supplementary outpatient benefits (e.g. fitness centre, glasses, worldwide coverage)
 Supplementary hospital insurance
 Statutory insurance throughout Switzerland Private (single room, free choice of doctor)
 Semiprivate (double room, free choice of doctor) Economy model (flexible choice of hospital ward with deductible)



▶ Please fill out this form completely and return it together with a copy of your current insurance policy/ies and the last premium invoice(s):

VZ VersicherungsZentrum AG

Gotthardstrasse 6

8002 Zurich

Phone: +41 (0)44 207 20 20

E-mail: versicherung@vzch.com

Date:

