

## Form for visitors' insurance

## Dear Client

The visitors' insurance is only valid if the premium is paid within the fifth day following arrival in Switzerland at the very latest. Insurance cover at a later point may only be applied for in conjunction with this health declaration.

Please take note that the health declaration will only be verified based on an existing contract (the premium must be paid in advance). Your policy number can be written into the corresponding field on the form. If your application is rejected, we will refund the premium paid less a handling fee of CHF 50.–.

Perso	n to be ins	ured	Policy no:
□ Mr.	□ Mrs.	Name:	First name:
Date o	of birth (age	limit 80 years):	Nationality:
Date of	f entry to Sw	itzerland:	
Please	enclose a pr	roof (e.g. copy of passport with stamp of date c	f entry or a copy of the flight ticket).
Do other medical insurances exist for this visit?			$\Box$ yes $\Box$ no If so, please enclose a copy of the policy.
Host			
□ Mr.	□ Mrs.	Name:	First name:
Addres	ss (street, s	treet no., zip code, city):	
Phone	:		E-mail-address:
Bank a	account no.	(IBAN):	
Bank i	dentifier coo	le (BIC/SWIFT):	
Name	and addres	s of the bank:	
Health	n questionr	aire (person to be insured)	
1. Are	e you in goo	d health at the moment?	🗆 yes 🛛 no
2. a)	For which k	ind of health disturbances, illnesses or injurie	es did you have any medical check-up or treatment during the last 5 years?

b) Duration of the treatment?

c) Which of the above health problems, illnesses or injuries have now been completely cured?

3.	a)	Do you take pharmaceuticals at present?	□ yes	□ no		
	b)	f yes, which and against which symptoms/diseases?				
			_	_		
4.			□ yes	□ no		
	b)	If so, what was the reason?				
-						
5.			□ yes	□ no		
	b)	If yes, when and why?				

The general terms and conditions of insurance (GCI) of ERV are applicable in every case and Swiss law shall exclusively apply, in particular the Swiss Federal Insurance Contract Act (VVG). ERV is free to reject the application without giving reasons.

Place and date

Signature of the insured person or of the legal representative