

## 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.-.

### Person to be insured

Policy no:

Mr.  Mrs. Name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth (age limit 80 years): \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of entry to Switzerland: \_\_\_\_\_

Please enclose a proof (e.g. copy of passport with stamp of date of entry or a copy of the flight ticket).

Do other medical insurances exist for this visit?  yes  no If so, please enclose a copy of the policy.

### Host

Mr.  Mrs. Name: \_\_\_\_\_ First name: \_\_\_\_\_

Address (street, street no., zip code, city): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail-address: \_\_\_\_\_

Bank account no. (IBAN): \_\_\_\_\_

Bank identifier code (BIC/SWIFT): \_\_\_\_\_

Name and address of the bank: \_\_\_\_\_

### Health questionnaire (person to be insured)

1. Are you in good health at the moment?  yes  no

2. a) For which kind of health disturbances, illnesses or injuries 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) If yes, which and against which symptoms/diseases?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. a) Have you been incapacitated from work for more than 3 weeks in the past 5 years?  yes  no  
b) If so, what was the reason?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. a) Do you intend to undergo any medical check-up, treatment, hospitalisation or cure?  yes  no  
b) If yes, when and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The general terms and conditions of insurance (GCI) of EUROPÄISCHE Reiseversicherungs AG (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