EUROPÄISCHE REISEVERSICHERUNGS AG
P.O. BOX, CH-4002 BASEL, INFO@ERV.CH, WWW.ERV.CH
PHONE 0900 275 075 (CHF 1.90 per minute, from the fixed-line network)

ERV

Application for premium refund – medical insurance for your guests

Dear Client,

In order to verify your right for refund of the paid premium, we need the following information from you. Please fill out the entire refund form, sign it, enclose the requested documents and send it to the following address:

EUROPÄISCHE Reiseversicherungs AG, P.O. Box, 4002 Basel.

Please take note that the handling of premium refund applications usually takes 3 weeks and there will be a handling fee of at least CHF 50.– per person.

Policy holder/host (person entitled to refund)   Policy no.:

Name: First name:

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

Phone: E-mail-address:

Bank account no. (IBAN):   Bank identifier code (BIC/SWIFT):

Insured person

Name: First name:

Date of birth: Nationality:

Reason for premium refund

☐ The insured person was not able to enter Switzerland.

   Why was the insured person unable to enter Switzerland?
   ☐ Schengen visa application denied
   ☐ Illness

   ☐ Other:

   At what point in time did it first become evident that entry was not possible? Date:

   Please attach the following documentation to the application form:
   ☐ Original insurance policy document (pink receipt slip)
   ☐ Documentation of non-entry (e.g. official confirmation letter, doctor's certificate, etc.)

☐ The insured person is taking up official residence in Switzerland, thus compulsory insurance obligations now apply.

   Please attach the following documentation to the application form:
   ☐ Original insurance policy document (pink receipt slip)
   ☐ Documentation of entry into Switzerland (e.g. stamp in passport or flight ticket)
   ☐ Copy of policy with the health insurer (KVG)

☐ The insured person returned early.

   Please attach the following documentation to the application form:
   ☐ Original insurance policy document (pink receipt slip)
   ☐ Copy of passport with stamp of date entry and departure, or
   ☐ Copy of the flight ticket (incoming and return flight)

I hereby confirm that the information provided above and the documentation submitted are correct and complete.

Place and date   Signature