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| **Application for AWC insurance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New application | | | | | | | | Modification | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Online insurance | | | | | | | | | | | | | | | | | | | | | |
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| **Policy no.** | | | | | | | |  | | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant or policyholder** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** (legal domicile) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Surname** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Surname | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Forename** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Forename | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Phone | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of birth | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell phone | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sex | | | | | | | | | | male | | | | | | | | | | | female | | | | | | | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nationality | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Language | | | | G | | | | | | | | | | F | | | | | | | | | I | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **New admission** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do you want to have the policy integrated into a current contract with KPT?  All correspondence (in particular correspondence about premiums and settlements) will be sent exclusively to the main policyholder; in the case of KPTnet it will be sent in electronic form. If you agree you authorise the main policyholder to access and read your data. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | |
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| If so: | | Family no. | | | | |  | | | | | | | | | | | | | | | | | Surname | | | | | | | |  | | | | | | | | | | Forename | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Have you ever been insured by KPT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes, policy no. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | No | | | | | | | | |
| New resident in Switzerland? (please include a copy of your certificate of residence) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | | | | | | |
| **Payment of premium** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly | | | | | | | | | Quarterly | | | | | | | | | | | | | | | | | | | | | | | Semi-annually   (Discount 0.5%) | | | | | | | | | | | | | | | | | | | | | | Annually (Discount 1%) | | | | | | | | | | | | | | | |
| Bank account (LSV+) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Postal account (Debit Direct) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Premium invoice address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policyholder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Family head | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family name and name of account holder | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank, town | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Post | | | | | | | | | | | | | |
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| IBAN | | | |  | |  | | | |  | | | | |  | |  |  | | |  | | | |  | | |  | |  | | | | |  |  |  |  | |  |  | | |  |  | | | |  |  | |  | | | | |  |  | |  | | |  |  | | | |
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| **Commencement of insurance KVG** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Application for insurance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Basic insurance in accordance with the Federal Law on Health Insurance (KVG)**  Insurer: KPT Krankenkasse AG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Obligatory Health Insurance (OKP)**  Supplementary implementation provisions to the KVG, 06.2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVB = General Conditions of Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Monthly premium CHF | | | | | | | | | |
| Cover offered | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | accident cover | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | Family doctor | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| Annual deductible selected: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | CHF | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| Distribution of pollution tax (credit) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **TOTAL monthly premiums KVG** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Differences caused by rounding up/down reserved | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| In the case of variations in premiums, the premium approved by the Federal Office for Health applies exclusively. The total sum offered includes neither CHF 2.75 according to Art. 106a KVG nor supplements or rebates according to Art. 106 KVG (correction of premiums with payments from cantons). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Admission to the Cooperative**  You hereby declare that you wish to join the KPT/CPT Krankenkasse Cooperative and the KPT/CPT Versicherungen Cooperative. No financial or personal obligations are incurred through admission and membership. As a member you profit from special reductions and/or offers. Membership ceases if you are no longer insured with a company in the KPT Group, on death, on leaving or on exclusion from the Cooperative. If you do not wish to join the Cooperative, please tick the box . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Online agreement**  On signing the application you will automatically receive an online login. You agree to mainly conduct your insurance business online and dispense with paper documents. You can view your personal data at any time online in the personal secure service area of KPTnet. Insured persons with online insurance receive a discount on all supplementary insurance plans they take out. The General Terms and Conditions (AGB) for online access apply and you hereby confirm that you recognise such as applicable. The AGB can found at www.kpt.ch/versicherungsbedingungen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data processing**  KPT Krankenkasse AG acquires and processes personal data of insured persons exclusively for the purpose of fulfilling legal requirements incumbent on the company and does so while observing current data privacy provisions. In specific cases (e.g., claims which occur outside Switzerland), KPT Krankenkasse AG permits personal data to be processed abroad in cooperation with AWP HEALTH & LIFE SA (Irish Branch); this processing takes place while adhering to the legal stipulations for data privacy abroad. The duty to maintain confidentiality is strictly observed; exceptions permitted by the legislation shall remain reserved. Personal data is stored physically and electronically and is protected from unauthorised access by third parties. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Conditions of Insurance**  You confirm that you acknowledge the stipulations of the valid Supplementary implementation provisions to the KVG and the General Conditions of Insurance (AVB). These conditions are an integral part of the contract. The Supplementary provisions and the AVB can be found at www.kpt.ch/ versicherungsbedingungen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town and date | | | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Signature | | | | | http://www.airtreks.com/wp-content/uploads/x.png | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Applicant or legal representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relationship to applicant:**   Parental care/custodianship  Guardianship (enclose decision of KESB) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Name of legal representative | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **To be completed by KPT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Abw. Portfolio no. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| SIK no. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Offer code | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Salary deduction | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Customer adviser | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Personnel no. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Intermediary no. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |