

INSURANCE APPLICATION.

Health Insurance

1. COMMENCEMENT

Day/Month 2024

2. INSURED PERSON

(Please fill in using uppercase and lowercase letters.)

Surname

First name

Street/no.

Postcode/Town/Country

Date of birth (day/month/year) Gender Male Female

Employee number

Working for

I hereby apply for the following insurance cover:	Insurance cover	Age	Premiums 2023 (in CHF)			My choice
			Basel-Stadt	Basel-Land	Aargau	
	FAVORIT SANTE	< 26	419.25	396.35	343.05	
	FAVORIT SANTE	> 26	533.45	505.45	437.35	

I would like a personal consultation to discuss different deductible options/insurance solutions and/or supplementary insurance covers.

Please contact me via (email address/phone number)

I am informed that this compulsory health insurance under the Swiss law KVG covers

- a) the outpatient **treatment given in the Medbase health center in Basel** (santimed Gesundheitszentren AG, Henric-Petri-Strasse 9, 4051 Basel), including special treatment by a chiropractor or a physiotherapist prescribed by the medical doctor in the Medbase health center. Also including the free health advice, **SWICA sante24 Medical helpline, +41 44 404 86 06** in case you need advice or help due to an illness, an accident, pregnancy or for any other medical reason.
- b) the medicine prescribed by a medical doctor according to the list of tariffed medicines (LMT) and the list of specialities (LS).
- c) the inpatient cost in a public ward in a state hospital in the canton of residence.

Because I am working more than eight hours per week, I am aware that the risk of accidents at work and outside the workplace is covered under the SUVA scheme of my employer.

If costs arise from medical treatment, my contribution will be the following:

Annual excess (franchise) of CHF 300.00, plus 10% on the remainder exceeding this amount, maximum CHF 700.00 per calendar year.

I hereby authorize the SWICA Healthcare Organisation to deduct the monthly premium directly from my salary.

Please provide a copy of your registration in Switzerland.

Place/Date

Signature of the applicant for insurance

This form must be completed and sent back to the Agency managing this health insurance:

Versicherungsberatung Novartis, WSJ-791.4.07, CH-4002 Basel

DECLARATION REGARDING ENROLMENT IN MANDATORY HEALTHCARE INSURANCE.

DEAR CUSTOMER

Thank you for choosing SWICA. To complete your application, please read the following provisions and, where necessary and requested, indicate your agreement by ticking the boxes and confirm with your signature.

DECLARATION OF UNDERSTANDING FOR ENROLMENT IN MANDATORY HEALTHCARE INSURANCE

Submission of the enrolment declaration is deemed as a request for enrolment in mandatory health insurance under the KVG. Furthermore, your submission confirms that the information on the declaration of enrolment is correct and complete.

You confirm your legally binding acceptance of the GIC and the SC as integral parts of the insurance contract and of SWICA's Data Protection Declaration. As a person covered under a special form of insurance, you confirm that you will have all treatments and examinations administered in accordance with the respective conditions that apply.

DATA PROCESSING IN CONNECTION WITH CONTRACT MANAGEMENT

When managing the insurance contract in accordance with the KVG, SWICA processes the data by observing the legal requirements.

INFORMATION EXCHANGE WITHIN SWICA GROUP WHILE MANAGING THE CONTRACT

To ensure timely processing of the contract, SWICA will share and use the processed data, including any health data, within the organisational unit of the responsible insurance carrier and the insurance companies of SWICA Group for the purpose of managing the contract.

FURTHER DATA PROCESSING

With your consent, SWICA Insurances Ltd will process the data for marketing activities (SWICA understands marketing activities to include data-driven market research, comprehensive support, advice and information about the range of services and products, preparation and provision of customised services, e.g. advertising in print and online, submission of higher insurance offers based on statistical values, customer, prospective customer or cultural events, sponsorship, surveys to understand customer satisfaction and future customer needs or behaviour, and assessments of a customer, market or product potential). For this purpose, SWICA Healthcare Insurance Ltd will pass on the data to SWICA Insurances Ltd.

MORE INFORMATION ABOUT DATA PROCESSING

Please refer to SWICA's Data Protection Declaration (also under swica.ch/data-protection) for more information about contracted data processing agents, the legal basis and purpose of data processing, and the rights that you as the data subject have with regard to data processing.

DECLARATION OF CONSENT

I fully agree to and have been informed about all provisions relevant to the insurance relationship, about the relevant GIC and SC, and about any special arrangements.

I agree to having the data processed for marketing purposes.

Surname

First name

Date of birth

(day/month/year)

Place/Date

Signature of applicant / legal representative

Name and signature of the adviser

No. of distribution partner

Submitted enclosures:

Summary of benefits
Information sheets/flyers

GIC/SC
Data Protection Declaration

Information obligation (art. 45 VAG)

THERE FOR YOU, 24 HOURS A DAY, 365 DAYS A YEAR.

Phone 0800 80 90 80 / swica.ch

