

Details of contract separation as at

(Please indicate date)*

*no reactive separation possible

Details of existing contract

	Head of family	Surname, first name
		Insurance no Date of birth
	These persons remain in the contract	Surname, first name
		Insurance no Date of birth
		Surname, first name
		Insurance no Date of birth
		Surname, first name
		Insurance no Date of birth
Address		Street, no ZIP
		E-mail Phone
Bank/postal account still the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No: IBAN or postal account no.	

Persons in the new contract

	New head of family	Surname, first name
		Insurance no Date of birth
	The persons come into the new contract	Surname, first name
		Insurance no Date of birth
		Surname, first name
		Insurance no Date of birth
		Surname, first name
		Insurance no Date of birth

Details of new head of family

Address	Street, no	ZIP
	E-mail	Phone
Bank-/postal account Bank and postal account holder must be one and the same person as the head of family	Name of bank	
	IBAN or postal account no	
Collection frequency ¹ The total premium amount must be greater than CHF 50	<input type="checkbox"/> Monthly ¹ <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Every 12 months <input type="checkbox"/> Bank direct debit (LSV) <input type="checkbox"/> Post office direct debit (DD)	

I confirm that I have acknowledged the date of separation before submitting this form.

Place and date	Signature of head of family
Place and date	Signature of new contract holder
	Signature of all listed adults