

APPLICATION FOR GROUP INSURANCE IN CASE OF ACCIDENT

To be sent to Helsana Assurances SA*

I, the undersigned:

Mrs.

Ms

Mr.

* TICK THE APPROPRIATE BOX

FAMILY NAME

First Name(s)

Date of Birth

Full Address

.....

.....

having taken note of the proposed insurance solution, herewith subscribe to the following category of insurance:

* **Category** **I II III IV V VI VII**

* **CIRCLE YOUR CHOICE OF INSURANCE CATEGORY**

Date

Signature

*N.B. The Helsana privacy policy can be found on their website:

<https://www.helsana.ch/fr/groupe-helsana/qui-nous-sommes/juridique/protection-des-donnees.html>

I declare that I have read the Helsana privacy policy

Please send all correspondance to :
C P I C
51, rue du Stand - CH-1204 GENEVA
Septembre 2023