APPLICATION FOR GROUP INSURANCE IN CASE OF ACCIDENT

To be sent to Helsana Accidents SA*

I, the undersigned:

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

November 2024