



# Amendment Form for International Health Plan

## 1 Personal Data

Client number

First Name

Name

### Address for correspondence

Street, number

Additional address

PO Box

Postal code/Location

Land of domicile abroad

Tel. numbers

Private

Mobile

Business

E-Mail

## 2 Inception/Franchise/Premium

Contract beginning valid from

01.01.

Franchise variation: out-patient CHF 900/in-patient CHF 3000

Monthly premium (sickness and accident)

CHF

### Signatures (insurance plans in compliance with VVG)

Place

Date

The applicant or his/her legal representative

Place

Date

The broker or adviser

Person Number of insurance salesman

Agency Number