

Intermediary-Nr.
Intermediary Name
Phone
E-Mail
Finma-Nr.

Application for insurance under KVG

☒ New application ☐ Application to rejoin ☐ Amendment application Commencement of insurance cover 20.03.2025

Personal details (of the person being insured)

Sex ☒ male ☐ female Language ☐ D ☐ F ☐ I ☒ E

L. Name	Nava Ramirez	F. Name	Rodrigo
Street / No.	Avenue de Bel-Air 20	Postcode /Town	1225 Chêne-Bourg
Add. Address details		Country	Switzerland
Date of birth	12.05.1989	Phone / Mobile	+49 151 2020 5279
E-Mail	rodrigonava@live.com		
Marital status			
Working canton			

Do you work for more than 8 hours per week for the same employer?

☐ yes ☐ no

For foreigners: residence permit

Type ☐ G ☐ L ☐ B ☐ C ☒ other (please enclose a copy)

Nationality

Moved to CH from abroad on

General contractual details

Insurance no. (only if it is an amendment)

Basic insurance (KVG):

Previously insured with

Do you owe your present health insurer any premiums, cost contributions, interest on arrears or enforcement costs?

☐ yes ☐ no

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Termination

Will be terminated by:

Customer

Head of the family (Policyholder) is *

☒ Person being (please enter the name) ☐ Other person

Last name /
First name

* Each person over 18 years old must fill out a separate application form Payment (Payment of premiums and reimbursement)

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Payment (Payment of premiums and reimbursement)

Premium payment

Who is paying? ☐ by main ☒ by applicant

Payment type ☐ LSV ☐ Debit Direct (Post) ☒ Payment slip

Mode of payment ☒ monthly ☐ every two months ☐ quarterly ☐ every 6 months ☐ annually

Refunds

Bank / Postal IBAN no. ☒ Outpayment order

Account holder*

*(Surname, first name, post code, place of residence – if not identical):

☒ I agree that the head of my family can view my data. This affects administrative, policyholder and medical information, e.g. in mySympany or correspondence (consent can be withdrawn at any time). I accept the General Terms and Conditions (GTC) for the mySympany customer portal (sympany.ch/en/app/agb). The policyholder or head of the family will automatically receive login details for the mySympany customer portal in the post to the correspondence address given in the policy before the policy start date. Sympany assumes no responsibility for who receives and uses the login details

☐ No, I want them to be sent as hard copies by post

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Application for basic insurance under KVG

Tariff Year 2025

Section GE1

flexhelp24 Accident cover included

	Exempt sum in CHF	Premium KVG in CHF
<input type="checkbox"/>	300.00	583.15
<input type="checkbox"/>	500.00	571.45
<input type="checkbox"/>	1000.00	542.35
<input type="checkbox"/>	1500.00	513.15
<input type="checkbox"/>	2000.00	483.95
<input checked="" type="checkbox"/>	2500.00	454.85

I am applying for the insurance policy mentioned above and accept the Terms and Conditions of Insurance under the Health Insurance Act (KVG) (www.sympany.ch/en/individuals/services/gtc). I agree that the head of my family can view my data. This affects administrative, policyholder and medical information, e.g. in mySympany or correspondence (consent can be withdrawn at any time). I accept the General Terms and Conditions (GTC) for the mySympany customer portal (sympany.ch/en/app/agb). The policyholder or head of the family will automatically receive login details for the mySympany customer portal in the post to the correspondence address given in the policy before the policy start date. Sympany assumes no responsibility for who receives and uses the login details.

Place/Date, Signature

Chêne-Bourg, 19.03.2025 / 03:44 Rodrigo Nava Ramirez
electronically signed