



k&w Health Insurance
Linnéstr. 1-3
79110 Freiburg

Application for Domestic Help

Please fill in the requested information below.

Name, Surname

Date of birth

Phone number

Marital status

Bank account

BIC

IBAN

Bank name

Account owner

According to the medical certificate, I am not able to continue the household because of ...

pregnancy / childbirth

an acute illness

The disease is the result of

an accident at work / an occupational disease

no

yes

a private accident

no

yes

Accident day

Date and signature of the insured person