

# Academic Care insurance proposal pursuant to LCA/VVG for students from abroad

2019 Edition

## Administrative Data (in block letters, please)

- Individual insurance       Framework agreement      Framework agreement N°: 1302961  
 New membership       Modification       Transferring from a framework agreement to individual insurance  
 Other existing or requested supplemental insurance plans

School/Company: ETH ZUERICH  
RAEMISTRASSE 101 8092 ZUERICH

Agent's n°: 18694

Agent's name: CONTE GIANCARLO

## Personal Details of the Insured Person

Family name:  
First name(s):  
Nationality:

## Address in Switzerland

Gender:  M  F  
Street:      Street n°:  
Postal code:      Town:  
Private telephone:      Mobile telephone:  
E-mail:  
Marital status:      Date of birth:      /      /  
Country of legal residence \*:      Date of arrival in CH:      /      /  
Beginning of studies in CH:      /      /      Permit \*\*:      /      /

\* The country in which you have your centre of vital interests or to which you would return if you interrupt your studies.

\*\*Permit (attach a copy)



## Payment Method for Premiums and Benefits

**Premium payment method:**  Annually  Every 6 months  Every 3 months  Monthly

**Desired payment method for premiums and benefits:**

Bank by LSV (Direct Debit Mandate)\*  Postfinance by Direct Debit Mandate\*  Invoice sent by mail  
 \*right of objection within 30 days

Family name, first name(s) and address of the person who pays the premium (if other than the insured):


**Payment of benefits\*:** Account holder: 

--

Bank: Account number: 

--

Name and address of the bank\*: 


PostFinance: Account number: 

--

\* Benefit payments are only executed on accounts in Switzerland.

## Insurance coverage

**Risk-bearing Insurer:** **Groupe Mutuel Assurances GMA SA - Martigny**

**EE** Academic Care (compulsory basic module)

Benefits are granted in accordance with LAMal/KVG and its implementing ordinances, and the Ordinance on Health Insurance Benefits (OPAS/KLV) in particular, and the relevant special terms and conditions of insurance.

	Annual deductible
<input type="checkbox"/> Children (0 - 18)	<input type="checkbox"/> Fr. 0.-- <input type="checkbox"/> Fr. 100.-- <input type="checkbox"/> Fr. 500.--
<input type="checkbox"/> Adults (19 - 25)	<input type="checkbox"/> Fr. 0.-- <input type="checkbox"/> Fr. 100.-- <input type="checkbox"/> Fr. 500.--
<input type="checkbox"/> Adults (26 - 40)	<input type="checkbox"/> Fr. 0.-- <input type="checkbox"/> Fr. 100.-- <input type="checkbox"/> Fr. 500.--

Monthly premium	Insured from (dd/mm/yyyy)		
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:100%; height: 20px;"></td></tr></table>		<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:100%; height: 20px;"></td></tr></table>	

## Applicant's declaration

I, the undersigned confirm that:  
 I have been informed of the name and address of the Agent, the insurance branches he represents and the nature of his relationship with the risk-bearing insurers whose names have also been communicated to me. The Agent showed me his Groupe Mutuel accreditation.  
 I completed this insurance proposal or had it completed, truthfully and without omission. I confirm that any answers completed by a third party or by the Agent are consistent with my indications. In case of false or incomplete statements, I am aware that, in accordance with Article 6 of the Federal Law of 2 April 1908 on Insurance Contracts (LCA/VVG), the Insurer shall be entitled to cancel the contract within four weeks of becoming aware of the non disclosure.  
 I received the general and special terms and conditions of insurance.  
 I received the document «Practical and legal information pursuant to the Federal Law on Insurance Contracts (LCA/VVG)» and was informed on:  
 – the name of the risk-bearing insurer;  
 – the insured risks;  
 – the scope of coverage;  
 – premiums and other obligations with regard to the insurance (deductible, coinsurance, etc.);

– the minimum term of Academic Care coverage (1 year) and of other supplemental insurances contracted (usually 5 years); the notice period (3 months for the end of any calendar year after the minimum coverage period);  
 – the liability of the risk-bearing insurer for any errors and negligence on the part of, or wrong advice provided by, Groupe Mutuel's authorised agent;  
 – how the Insurer and/or Groupe Mutuel, intermediaries and other agents or partners handle my personal and administrative data.  
 I recognise that I am bound towards the Insurer by the terms of the insurance proposal for 14 days (Article 1 LCA/VVG).  
 This insurance proposal for acceptance or modification of coverage may only be deemed accepted after receipt of the insurance policy or a written confirmation.  
 I have duly noted that any agreements between myself and the Agent concerning the insurance proposal are only binding on the Insurer if they are confirmed by the latter in writing. The Agent is not authorised to conclude insurance on behalf and for account of the Insurer.

Place and date: 

--

 / 

--

 / 

--

--

From the age of 18, signature of the person to be insured  
 (for minors, persons under curatorship/tutorship : signature of the legal representative)

48236

