

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

Administrative Data

- 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) _____

Address in Switzerland

Gender M F

Street and n° _____

Postal code _____ Town _____

Private telephone _____ Mobile telephone _____

Email _____

Marital status _____ Date of birth _____/_____/____

Country of legal residence* _____ Date of arrival in CH _____/_____/____

Beginning of studies in CH _____/_____/____ Permit (attach a copy) _____

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

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 post *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

<input type="checkbox"/> EE Academic Care (compulsory basic module)	Monthly premium	Insured from:
	_____.	_____/____/_____
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.		
<input type="checkbox"/> without an annual deductible;		
<input type="checkbox"/> annual deductible of CHF 100;		
<input type="checkbox"/> annual deductible of CHF 500.		

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, co-insurance, etc.);

- the minimum term of Academic Care coverage (1 year) and of other supplemental insurances contracted (usually 5 years); the notice period (6 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, Association d'assureurs, its member companies, 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: _____ / ____ / ____

Signature of the person to be insured
