

Request to transfer to individual accident insurance

If you leave your employer's collective supplementary accident insurance, you can transfer to Sympany's individual accident insurance within 90 days.

Please complete this form, present it to your employer and submit it by e-mail.

Personal details

Gender male female

Surname/first name Date of birth

Street/house number Postcode/town

Phone E-mail

Additional information

Do you have a new employment contract? No Yes, as of

If yes: Does your new employer have collective supplementary accident insurance? No Yes

Are you going to be self-employed? No Yes, as of

Signature

I would like to receive a quote for Sympany's individual accident insurance. I hereby confirm that the information is accurate.

Place/date

Signature

Information from your employer

Name company Contract number

Starting date applicant Leaving date

Annual salary (including 13th month's salary): CHF

In case of multiple group of persons: group of persons affiliation?

Place/date

Employer signature