

dental

All the benefits you need



Holding dental costs down

dental makes generous contributions to:

- Dental treatment
- Laboratory services
- Prevention and check ups

Cover is still provided if you are treated in a neighbouring country of Switzerland.

dental leaves no gaps open:

- No charge and no health examination for children up to age three
- Preventive care and check ups including x-rays for healthy teeth – Up to CHF 100.– per calendar year

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Comprehensive and dependable

Normally, entitlement to dental benefits already begins after 6 months. For prosthetic treatment, such as crowns, bridges, dentures, pivot teeth, treatment of poor tooth and jaw positions etc, the waiting time is twelve months.

The insurance can only be taken out and managed in conjunction with at least one of the following insurance: basic, plus, premium, hospita, salto, general supplement or private supplement.

Which gap do you wish to fill? Monthly premiums in CHF from 1.1.2017

You may choose between these dental variants:

Monthly premium	Age													
Insurance cover	0-3	4-5	6-10	11-15	16-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	>60
50%, maximum CHF 1'000.-/calendar year	free	4.50	7.00	17.00	17.00	15.50	22.00	24.00	26.00	30.50	32.00	33.50	35.00	36.00
75%, maximum CHF 1'500.-/calendar year	free	8.00	13.00	30.50	30.50	27.50	39.50	43.00	47.00	55.00	58.00	60.50	63.00	65.00
75%, maximum CHF 5'000.-/calendar year	free	16.00	26.50	62.50	62.50	56.50	81.00	89.00	96.50	113.50	119.00	124.50	129.50	133.50

Application for dental insurance

Received on:

Please send the completed form to: Sympany, Verkauf und Betreuung, Postfach, 4002 Basel

Insurance number:

1. Personal particulars

Surname: _____
(for married couples, please indicate both surnames)

Date of birth: _____

Forename: _____

Telephone (daytime number): _____

Street/number: _____

Post code/place: _____

male female

Main family policy/policyholder
(surname/forename/date of birth): _____

2. Insurance variant

Please mark a cross against the desired variant.

Insurance cover	Premium/Month
<input type="checkbox"/> 50%, maximum CHF 1'000.-/calendar year	_____
<input type="checkbox"/> 75%, maximum CHF 1'500.-/calendar year	_____
<input type="checkbox"/> 75%, maximum CHF 5'000.-/calendar year	_____

3. Starting date of insurance

I wish dental cover to begin on _____

4. Payment

Complete only if this information is not yet known to Sympany.

Account for Refunds Premium account (direct debit)

Account number: _____ office Bank, name: _____ Branch: _____

Account holder (surname, forename, post code, place): _____

Type of payment: monthly two-monthly quarterly half-yearly annual Group insurance: premium paid by deduction from salary

Date/Initials of persons responsible: _____

Please complete the back of this page in full

5. State of health

Please answer each question clearly - Dashes are not acceptable as an answer.

Problems which already exist when the insurance is taken out, such as untreated or missing teeth, poor tooth positions, anomalies of the jaw etc. are not insured.

1. a) When did you last have dental treatment (must have been within the past 12 months)? Month and year: _____
- b) Name and address of the dentist who last treated you: _____
- c) Are your teeth in perfect condition (no further treatment required)? yes no
Notes: _____
(Teeth which were last treated more than one year ago cannot be regarded as being in perfect condition. Jaws from which teeth need to be extracted or in which gaps have to be closed by pivot teeth, bridges and crowns or which require partial or complete dentures are not regarded as having been treated. The same applies to existing prosthetic work which is in poor condition or defective.)
- d) Do you have dental treatment/a check-up planned? If so, why? yes no _____
2. Are there
- Poorly placed teeth? yes no Diagnosis: _____
 - Poor positions of the jaw? yes no Diagnosis: _____
3. Are there
- Disorders of the gum/parodontium? yes no Diagnosis: _____
 - Disorders of the throat? yes no Diagnosis: _____
 - Disorders of the jaw? yes no Diagnosis: _____

6. Declaration on affiliation

With my signature

- I declare that I have fully and truthfully answered the questions relating to supplementary insurance in accordance with the VVG. This declaration also applies to any answers not entered by me personally.
- I declare that I know the identity of the insurer and the main contents of the insurance contract and accept these (insured risks, scope of insurance cover, premiums and my other obligations, minimum contract term, right of revocation and notice periods as well as the General Terms and Conditions of Insurance (GTC) and Special Terms and Conditions (STC)). I also confirm that I have read the pre-contractual information in "Customer information according to the VVG." I expressly declare that I have read and understood the GTC and STC relating to orthodontic corrections and maternity. In case of a third-party insurance intermediary, I also confirm that I know the identity of the intermediary and that the written answers provided by a third party or the intermediary are in line with my instructions.
- I authorise Sympany Versicherungen AG and other carriers of insurance applied for by me to request information from doctors, dentists, therapists, hospitals, medical staff, health insurance companies and other insurance companies (in particular relating to state of health), which is required for concluding insurance policies in accordance with the VVG, and to that end I release them from their duty of professional secrecy. Sympany Versicherungen AG undertakes to treat all information received in the strictest confidence.
- I authorise all carriers of insurance applied for to view my health insurance file held by Sympany Versicherungen AG.
- I authorise the insurer to share information with doctors, other service providers, social and private insurers and authorities, and to request information from these where this is necessary for assessing the insurance cover in order to evaluate a duty of disclosure breach, and for the purpose of settling a claim. In such cases, I release the persons receiving the request from the insurer from their professional duty of confidentiality.

Place and date:

Policyholder (holder of the main family policy/legal representative):