

Insurance proposal n°:

Insured person

Mr.: Mrs.:

First name:

Last name:

Date of birth:

Address:

Postal code, City:

E-mail:

Phone:

Nationality:

School / University:

Status: Student TraineeType of permit: B L**SWISS STUDIES essentials & economic (LAMal equivalency)**

Premium	no deduction	deduction 100 CHF	deduction 300 CHF	deduction 500 CHF
Quarterly	288.-- <input type="checkbox"/>	267.-- <input type="checkbox"/>	252.-- <input type="checkbox"/>	237.-- <input type="checkbox"/>
Half-yearly	576.-- <input type="checkbox"/>	534.-- <input type="checkbox"/>	504.-- <input type="checkbox"/>	474.-- <input type="checkbox"/>
Yearly	1152.-- <input type="checkbox"/>	1068.-- <input type="checkbox"/>	1008.-- <input type="checkbox"/>	948.-- <input type="checkbox"/>

Duration of the policy

Start date:

End date:

 I, the undersigned, do hereby confirm that the information I have provided are accurate and complete. I confirm that I have read, understood and accepted the General Terms and Conditions of the selected policy.

Place and date:

Signature of the insured person / legal representative