

# APPLICATION FOR GROUP INSURANCE IN CASE OF ACCIDENT

To be sent to Helsana Accidents SA\*

I, the undersigned:

Mrs.

Ms

Mr.

\* TICK THE APPROPRIATE BOX

**FAMILY NAME** .....

**First Name(s)** .....

**Date of Birth** .....

**Full Address** .....

.....

.....

having taken note of the proposed insurance solution, herewith subscribe to the following category of insurance:

\* **Category**            **I    II    III    IV    V    VI    VII**

\* **CIRCLE YOUR CHOICE OF INSURANCE CATEGORY**

Date .....

Signature .....

\*N.B. The Helsana privacy policy can be found on their website:

<https://www.helsana.ch/fr/groupe-helsana/qui-nous-sommes/juridique/protection-des-donnees.html>

I declare that I have read the Helsana privacy policy

Please send all correspondance to :  
**C P I C**  
**51, rue du Stand - CH-1204 GENEVA**  
June 2024