

Quote request

for transfer from Supplementary LAI Accident insurance (group insurance)
to accident insurance for individuals (individual insurance)

Policyholder

Mr. Mrs.

First name, last name

Date of birth

Address (street no., ZIP city)

Marital status

Occupation

Phone

E-mail

Previous employer

Policy no. (group insurance)

Entry date previous employer

Leaving date previous employer

Gross annual income (exclusive family allowances)

Please enclose last salary statement.

CHF

Reason for transfer

- Termination of employment due to retirement
- New employer without supplementary LAI accident insurance
- New self-employment
- Termination of employment

Desired benefits

- Medical expenses for outpatient treatment
- Medical expenses for inpatient treatment in a private hospital ward

Remarks

Please send the completed form to:

Zurich Insurance Company Ltd
Underwriting Personenversicherung Einzel und Übertritte
P.O. Box
8085 Zurich

or by e-mail to: KTG_uebertritt@zurich.ch

