

Declaration of Health for the Medical Service of the Baloise

Employer / Foundation

Policy Number
(if already insured)

Contract Number
(if group insurance already exists)

.....

A. Personal data

- 1) Name and Christian Name
- 2) Date of Birth (Day, Month, Year)
- 3) Present occupation, position

B. Personal information of the person to be insured

1. a) Height in cm b) Weight in kg

2. Did you have to interrupt work during the last 5 years for more than 3 consecutive weeks due to an illness or an accident? yes no

If your answer is yes, please give details about:

Nature of illness / accident	Year	Duration of interruption of work from until	Doctor, Hospital (ward), with exact address

3. Do you consider yourself to be completely healthy? yes no
If no, why not?

.....

4. Do you suffer from a physical defect? yes no
If yes, from what?

.....

5. Do you take or have you taken medicaments for a long period? yes no
If yes, please answer in detail: which medicament? when? how often?

.....

.....

6. Have you had to follow a cure at a doctor's request within the past 10 years? yes no
If yes, what kind? when? where?

.....

.....

7. Who is your family doctor? Name

Address

.....

Please turn over!

Confirmation

(«Baloise» hereafter refers to the Baloise Insurance Ltd, the Baloise Life Ltd, the Baloise Collective Foundation for Compulsory Occupational Welfare Provision, the Baloise Collective Foundation for Non-Compulsory Occupational Welfare Provision, the Collective Foundation Trigona for Compulsory Occupational Welfare Provision and the Perspectiva Collective Foundation for Compulsory Occupational Welfare Provision).

I hereby confirm that I have understood and answered all questions truthfully, accurately and completely. I duly note that I must provide notification of any change in my health until completion of the risk assessment. I understand that, if any answers to the respective questions are incomplete and inaccurate, this can result in a reduction or refusal of insurance coverage, even if the answers have been supplied by another person (Art. 4 ff. VVG). I authorize the Baloise to collect all information required to process this application, fulfill the contract (including claims for benefits) and continuously optimize market services. In particular, the Baloise may:

- Convey information regarding reinsurers and co-insurers, and other parties involved both in Switzerland and abroad, as well as to companies in the Baloise group for data processing;
- Contact and request access to relevant information/files from medical treatment providers (doctors, chiropractors, psychologists, persons providing services prescribed or ordered by doctors, laboratories, hospitals, out-patient clinics, nursing homes), as well as social (AHV, IV, UVG and KVG) or private insurers, pension funds, government offices, employers, and third party providers of applicable information;
- Convey personal data, including health records, to other insurance sections within the Baloise Group for verification of insurance applications in those sections.

This authorization remains valid irrespective of whether the insurance contract is concluded or not.

The companies belonging to the Baloise listed at the beginning of this document shall provide each other and the Baloise Bank SoBa AG and Baloise Asset Management Switzerland Ltd. access to their databases. This data may also be used within this group of companies for marketing purposes. I am aware of my right to notify and refuse the Baloise permission to use this data for marketing purposes (Baloise Insurance Company, Customer Service Center, Aeschengraben 21, B.O. Box 2275, 4002 Basel).

I also have the right to request the Baloise to provide me with any information required by law in regard to processing my data/documentation.

Place and Date

Signature of the person to be insured:

.....