

# Request to transfer to individual accident insurance

If you leave your employer's collective supplementary accident insurance, you can transfer to Sympany's individual accident insurance within 90 days.

Please complete this form, present it to your employer and submit it by e-mail.

## Personal details

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Gender:            male    female

First name

Surname

Phone

Date of birth

Street/house number

Postcode/town

E-mail

## Additional information

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Do you have a new employment contract?    No    Yes, as of

If yes: Does your new employer have collective supplementary accident insurance?    No    Yes

Are you going to be self-employed?    No    Yes, as of

## Signature

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I would like to receive a quote for Sympany's individual accident insurance. I hereby confirm that the information is accurate.

Place/date

Signature

## Information from your employer

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Name company

Contract number

Starting date applicant

Leaving date

Annual salary (including 13th month's salary): CHF

In case of multiple group of persons: group of persons affiliation?

Place/date

Employer signature