



Service package order

Office AXA
Healthcare
P.O. Box 357
8401 Winterthur
Direct contact 0800 888 999
Internet www.axa.ch/healthcare

Please send the completed and signed form to the following address:
AXA, Healthcare, P.O. Box 357, 8401 Winterthur

First name, last name: _____
Street, no.: _____
Postcode, place: _____
Date of birth: _____
Application no. or Policy no.: _____

I hereby order the free service package from AXA Insurance Ltd. (hereinafter referred to as "AXA").
It comprises the following services:

- **Switch service for mandatory health insurance:** This service allows you to switch your mandatory health insurer easily and without administrative effort every fall, and thereby save money. The insured person takes the decision about any change of insurance.
- **Billing service for health insurance:** This service allows the insured person to submit all health insurance bills to AXA from the start of an AXA supplementary insurance. AXA then takes care of the division and transfer to the relevant health insurer for mandatory or supplementary insurance.
- **Legal protection service for basic health insurance:** This service offers the insured person – within the framework of the service package – assistance in the event of any disputes with the health insurance fund for basic insurance. This service is subject to restrictions in terms of the amounts involved (see ["Information sheet on data privacy and legal protection for basic insurance"](#)).

I hereby instruct AXA to carry out legal actions that are required and/or appropriate for the three above-mentioned services. AXA may engage a third party and transfer this right to it, insofar as this is necessary and/or appropriate to guarantee the services.

For the insured person, the service includes, in particular:

- obtaining offers from mandatory health insurers,
- terminating the existing mandatory health insurance,
- concluding new insurance contracts with mandatory health insurers,
- delivering bills from service providers (e.g. doctors or hospitals) to mandatory health insurers,
- where necessary, obtaining information and documents from the mandatory health insurer, e.g. in order to complete the switch between insurers on time, or to verify if the mandatory basic health insurer has met its payment obligation,
- demanding that the mandatory health insurer makes payments to the insured person.

In addition, I authorize AXA to process my data in accordance with the ["Information sheet on data privacy and legal protection for basic insurance"](#). I confirm that I have read the information sheet and agree with its contents.

I likewise confirm that I have completed the health declaration for the supplementary insurance requested truthfully and in full.

AXA's service package comes into effect as soon as the signed order has been received by AXA and AXA has issued confirmation of acceptance of the supplementary insurance. It can be canceled at any time. The service package ends at the latest when all supplementary insurances with AXA are terminated.

Place, date	Signature (The insured person or the legal representative)	(If necessary, name of the legal representative in block letters)
_____	_____	_____