

# HELSANA

les idées santé

## APPLICATION FORM

Death and disability insurance in case of accident  
Program Marie Curie + ATLAS Experience  
+ Associated Members of Personal

**Insured person:**

Mr.  Mrs

Name:

Surname:

Date of birth:

Address:

Street, no.:

ZIP code, City:

**Beginning and duration:**

Participant to the Marie Curie Program:

yes  as from ..... up to .....

Participant to the ATLAS Experience:

yes  as from ..... up to .....

Associated Member of Personal:

yes  as from ..... up to .....

**Desired beginning:**

Desired beginning of the insurance:

**Benefits insured:**

In case of death

Capital of CHF 150'000.-

In case of total disability

Capital of CHF 300'000.-

With scale of progression (max. 350%)

**Premium:**

CHF 30.- per month

**Health state:**

Are you in perfect health and free of any infirmity?

yes  no If no, please give details

Did you suffer from illness that needed a prolonged treatment

yes  no If yes, please give details

Did you already have surgeries?

yes  no If yes, which ones and when?

Have you been victim of accidents that left physical consequences?

yes  no If yes, which ones and when? and what kind of consequences?

The applicant declares to have answered in all consciousness to the foregoing questions. Helsana Assurances SA is not bound if the answers to the above questions are not complete or truthful.

**Enclosure:**

Insurance Summary

**Signatures:**

City, date:

City, date:

CERN:

Insured person:

CERN Team Account covering the 30CHF payment (T...): T...