

# Insurance Application for Dental Treatment Insurance (FLIC)

All pronouns used refer to males and females and also apply in the plural sense.

Advisor / Intermediary													
Family name/ Given name													
No.						Agency No.							
Option			Monthly premiums										
Share	Limit per year		EA	EA	EA	EA	EA	EA	EA	EA	EA	EA	
			(00-18)	(19-25)	(26-30)	(31-35)	(36-40)	(41-45)	(46-50)	(51-55)	(56-60)	(61-65)	(66-xx)
<input type="radio"/> 50 %	max. CHF	600.– per year	6.20	13.10	15.30	22.20	26.80	31.40	33.70	37.50	37.50	37.50	37.50
<input type="radio"/> 75 %	max. CHF	600.– per year	7.70	16.30	19.10	27.70	33.50	39.20	42.10	46.80	46.80	46.80	46.80
<input type="radio"/> 50 %	max. CHF	1200.– per year	12.30	26.10	30.60	44.40	53.60	62.80	67.40	75.00	75.00	75.00	75.00
<input type="radio"/> 75 %	max. CHF	1200.– per year	15.30	32.50	38.20	55.40	66.90	78.40	84.10	93.60	93.60	93.60	93.60
<input type="radio"/> 75 %	max. CHF	1500.– per year	18.40	39.00	45.80	66.50	80.20	93.90	100.80	112.30	112.30	112.30	112.30
<input type="radio"/> 75 %	max. CHF	1800.– per year	21.40	45.40	53.40	77.50	93.50	109.50	117.50	130.90	130.90	130.90	130.90
<input type="radio"/> 75 %	max. CHF	3000.– per year	33.60	71.40	83.90	121.70	146.90	172.00	184.60	205.60	205.60	205.60	205.60
<input type="radio"/> 75 %	max. CHF	5000.– per year	48.90	103.80	122.10	177.10	213.70	250.40	268.70	299.20	299.20	299.20	299.20
CHF			Accident cover excluded EA: effective age Share: insurance cover in % Limit: maximum sum in CHF per calendar year										
<b>Total monthly premium FLIC</b>													
Valid from			01 . . . . .										

Personal data	
Insured person	
Family name/ Given name	
Current profession	
Street/No.	
Postal code/Town	
Political commune	
Foreigners' permit	
Phone No. (private)	Cell phone No.
E-mail private	
Subscribe to newsletter	<input type="radio"/> Yes <input type="radio"/> No
Date of birth	
Sex	<input type="radio"/> m <input type="radio"/> f      Language <input type="radio"/> g <input type="radio"/> f <input type="radio"/> i
Visana insured No.	
<input type="radio"/> New admission	Previous insurer
<input type="radio"/> Modification	

## Method of payment

Method of payment analogue to the insurance application for other insurances.

Premium payer (fill out only indications that differ from those of the insured person)

Family name

Given name

Street/No.

Postal code/Town

Phone No. (private)

Cell phone No.

### Payment method for premiums and participation invoices

LSV (direct debit by the bank)\*  Debit Direct (Swiss Post)\*  Invoice/Payment slip

\*Please complete the LSV/Debit Direct form

### Invoicing

monthly  bimonthly  quarterly  semiannually (1 % discount)  annually (2 % discount)

### Bank or postal payment

Postal account No.

Name of the bank

IBAN No.

Account No.

Clearing No.

Postal code/Town (branch)

## Health data

### Declaration of health

1. Did you in the past/do you regularly take medicinal drugs?  Yes  No

If so, since when/for how long?

Which drugs?

2. Do you suffer from a disability or a congenital defect? If so, please include a copy of the IV ruling.  Yes  No

If so, give the type of disability/congenital defect.

3. Are you currently having dental treatment or is such planned?  Yes  No

If so, give the name and address of the dentist:

4. How often do you have dental check-ups?  Never  1× per year  2× per year

5. How often do you attend the dental hygienist?  Never  1× per year  2× per year

### Note to the applicant

Please have the enclosed dental certificate completed by a dentist with a Swiss diploma. The cost of this certificate and that of the necessary check-up and X-rays has to be borne by the applicant. Entitlement to benefits from the dental treatment insurance begins after a qualifying period of at least 6 months after beginning of insurance according to the GCC.

## Dental health questionnaire

Insured person (details mandatory from the age of 4 on)

Name/ Given name

Date of birth

Address

Please enclose originals of recent X-rays (less than two years old) along with the completed questionnaire. X-rays only need to be enclosed for children if available. X-ray images must be enclosed for children above the age of 16. X-rays will be returned after they have been evaluated.

### Please answer each question!

1. When did the last dental check-up take place? (This should be no more than 1 year ago.)

Date

2. Does the applicant suffer from an illness that affects/ could affect the condition of teeth?

Yes  No

If so, which?

3. Has the applicant had dental check-ups and scaling and polishing?

Yes  No

If so, at what intervals?

4. Is specific treatment planned?

Yes  No

If so, which treatment and when will this take place?

5. Does the applicant have tooth abrasion or erosion?

Yes  No

If so, why?

6. Does the applicant suffer from a malformation of the teeth or jaw?

Yes  No

If so, what is the nature of the malformation?

7. Does the applicant have fillings?

Yes  No

If so, what is the condition of the fillings?  bad  average  good

8. Does the applicant have a permanent or removable prosthesis?

Yes  No

If so, what is the condition of the prosthesis?  bad  average  good

9. Oral hygiene?

bad  average  good

10. What is the condition of the parodontium? If available please enclose pocket index.

bad  average  good

11. Does the applicant have gaps in teeth or hypodontia?

Yes  No

If so, please mark which teeth.

55 54 53 52 51 18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28 61 62 63 64 65  
85 84 83 82 81 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38 71 72 73 74 75

12. Does the applicant have carious teeth?

Yes  No

If so, please mark which teeth.

55 54 53 52 51 18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28 61 62 63 64 65  
85 84 83 82 81 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38 71 72 73 74 75

13. Has the applicant had root treatment on teeth?

Yes  No

If so, please mark which teeth.

55 54 53 52 51 18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28 61 62 63 64 65  
85 84 83 82 81 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38 71 72 73 74 75

14. Does the applicant have teeth which have been damaged in an accident?

Yes  No

If so, please mark which teeth.

55 54 53 52 51 18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28 61 62 63 64 65  
85 84 83 82 81 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38 71 72 73 74 75

The dentist signing below confirms that the questionnaire has been filled out truthfully. Answering questions incompletely or providing false information may lead to refusal to pay benefits, the addition of a proviso or cancellation of the contract. The cost of this certificate, the necessary check-up and X-rays has to be borne by the applicant.

Town/Date

Dentist's stamp and signature

## Terms and conditions of contract

The signatory declares (cross the statement that applies)

- that he/she has applied to join an insurance regulated by the FLIC (Federal Law on Insurance Contracts) on the basis of this application to Visana Insurance Ltd and
- that he/she has answered the above questions completely and truthfully to his/her best knowledge and belief at the time;
  - that all dentists, doctors, hospitals, health insurance and insurance companies, which at the time of the application and in the future may be able to give information about the applicant's state of health and any benefits received, are released from their obligation to maintain professional secrecy to the extent needed to process this current application;
  - that he/she has received a copy of the General Conditions of Contract (GCC) for the insurance he/she is applying for and recognizes such as binding;
  - that he/she is aware that Visana Insurance Ltd can check statements made in this application against data on benefits paid available to Visana Insurance Ltd, Visana Ltd, sana24 Ltd or vivacare Ltd to which the company may have access. This capability of the company to check facts does not dispense the applicant from the obligation to provide complete and truthful answers to the preceding questions;
  - that he/she agrees that the information about the supplementary insurance plans regulated by the Federal Law on Insurance Contracts (FLIC) for which he/she has contracted can be retrieved electronically by means of the insured's card.

### I further confirm

- that I have received the information from the advisor/intermediary as stipulated in art. 45 VAG;
- that I have received a copy of the "FLIC Customer Information" sheet.

### I hereby authorize

Visana Insurance Ltd to pass on information from any past exclusion or cases where insurance has been refused to my intermediary.

Town/Date

Signature

Town/Date

Signature of the applicant or  
his/her legal guardian

Stamp and signature  
advisor/intermediary