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| **Versicherungsantrag für Allianz / KPT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personalienblatt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neuantrag | | | | | | Änderungsantrag | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Online-Versicherung | | | | | | | | | | | | | | | | | | | | | |
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| **Policen-Nr.** | | | | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Antragssteller/in oder Versicherungsnehmer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adresse** (gesetzlicher Wohnort) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name** | |  | | | | | | | | | | | | | | | | | | | | | | | | | Name | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vorname** | |  | | | | | | | | | | | | | | | | | | | | | | | | | Vorname | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Politische Gemeinde | |  | | | | | | | | | | | | | | | | | | | | | | | | | Politische Gemeinde | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Mobile | |  | | | | | | | | | | | | | | | | | | | | | | | | | Geschlecht | | | | | | | | | | | männlich | | | | | | | | | | | weiblich | | | | | | | | | | | | | | | |
| E-Mail | |  | | | | | | | | | | | | | | | | | | | | | | | | | Nationalität | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sprache | | D | | | | | | | | | F | | | | | | | | | I | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Neueintritt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Neu Wohnsitz in der Schweiz? (bitte Kopie der Wohnsitzbestätigung beilegen) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | | | | | | | Nein | | | | | | | |
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| **Zahlungsverbindung für Rückerstattungen an den Versicherten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name und Vorname des Kontoinhabers | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank, Ort | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Post | | | | | | | | | | | | | |
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| **Versicherungsbeginn KVG** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Versicherungsantrag** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Grundversicherung nach Krankenversicherungsgesetz (KVG)**  Versicherer: KPT Krankenkasse AG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Obligatorische Krankenpflegeversicherung (OKP)**  Ergänzende Vollzugsbestimmungen zum KVG, 06.2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVB = Allgemeine Versicherungsbedingungen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Monatsprämie CHF | | | | | | | | | | |
| Offerierte Deckung | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | mit Unfall (Nur anzukreuzen, wenn Sie nicht mindestens 8h pro Woche bei einem Arbeitgeber angestellt sind) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | Hausarzt (Nur auszufüllen, wenn Wohnort Schweiz) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Gewählte Jahresfranchise: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | CHF | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Verteilung Umweltabgabe (Gutschrift) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **TOTAL der Monatsprämie KVG** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rundungsdifferenzen vorbehalten. | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Bei Abweichungen gilt ausschliesslich die durch das Bundesamt für Gesundheit genehmigte Prämie. Der offerierte Gesamtbetrag beinhaltet weder CHF 2.75 nach Art. 106a KVG, noch Prämienzu- bzw. abschläge nach Art. 106 KVG (Prämienkorrektur kantonale Ausgleichszahlungen). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Beitritt zur Genossenschaft**  Sie erklären den Beitritt zur Genossenschaft KPT/CPT Krankenkasse und zur Genossenschaft KPT/CPT Versicherungen. Beitritt und Mitgliedschaft sind mit keinerlei finanziellen oder persönlichen Pflichten verbunden. Mit dem Beitritt können Sie von besonderen Vergünstigungen bzw. Angeboten profitieren. Die Mitgliedschaft erlischt, sobald kein Versicherungsvertrag mit einer Gesellschaft der KPT-Gruppe mehr besteht, dem Tod, dem Austritt oder dem Ausschluss des Genossenschafters. Falls kein Beitritt zur Genossenschaft gewünscht ist, bitte ankreuzen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Online-Vereinbarung**  Mit der Unterzeichnung dieses Antrages erhalten Sie automatisch einen Online-Zugang. Sie sind damit einverstanden, Versicherungsgeschäfte vorwiegend elektronisch abzuwickeln und auf Papierdokumente zu verzichten. Persönliche Daten können Sie jederzeit im gesicherten, persönlichen Servicebereich des KPTnet einsehen. Online-Versicherte erhalten einen Rabatt auf allen abgeschlossenen Zusatzversicherungen. Massgebend sind die Allgemeinen Geschäftsbedingungen (AGB) für den Online-Zugang und Sie bestätigen, von diesen Kenntnis genommen zu haben. Sie finden die AGB auf www.kpt.ch/versicherungsbedingungen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Datenbearbeitung**  Die KPT Krankenkasse AG beschafft und bearbeitet persönliche Daten ihrer Versicherten ausschliesslich zum Zwecke der Erfüllung ihrer gesetzlichen Aufgaben und unter Einhaltung der geltenden Datenschutzbestimmungen. Die KPT Krankenkasse AG lässt in bestimmten Fällen (z.B: Schadenfällen, die ausserhalb der Schweiz eingetreten sind) im Rahmen ihrer Zusammenarbeit mit AWP HEALTH & LIFE SA, (handelnd durch ihre irische Niederlassung), Personendaten ihrer Versicherten unter Einhaltung der gesetzlichen Bestimmungen im Ausland bearbeiten. Die Geheimhaltungspflicht wird strikte eingehalten, die gesetzlichen Ausnahmen sind vorbehalten. Die Aufbewahrung der Personendaten erfolgt sowohl in physischer wie elektronischer Form und geschützt vor unbefugtem Zugriff durch Dritte. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Versicherungsbedingungen**  Sie bestätigen, von den Ergänzenden Vollzugsbestimmungen zum KVG sowie den Allgemeinen Versicherungsbedingungen (AVB) in der jeweils gültigen Ausgabe Kenntnis genommen zu haben. Diese werden zu einem Vertragsbestandteil. Sie finden die Vollzugsbestimmungen und die AVB auf www.kpt.ch/versicherungsbedingungen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ort und Datum | http://www.airtreks.com/wp-content/uploads/x.png | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Unterschrift | | | | | http://www.airtreks.com/wp-content/uploads/x.png | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Vertretungsverhältnis:**   Elterliche Sorge/Vormundschaft  Beistandschaft (Entscheid der KESB beilegen) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Name gesetzliche/r Vertreter/in | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Wird von der KPT ausgefüllt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Abw. Portefeuille-Nr. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| SIK-Nr. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Aktionscode | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Lohnabzug | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Kundenberater/in-Nr. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Personal-Nr. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Vermittler-Nr. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |