Questionnaire on foreign residence and travel risks

ElipsTria

Insurance contract

Master treaty _____

Policynumber _____

Policyholder _____

Insured person

Last name, first name _____

Date of birth _____ / _____ / _____ ❑ Male ❑ Female

Social security number _____

Please answer the following questions regarding the risks associated with your foreign residence and travels abroad:

1 Please provide exact details on your current foreign domicile and your residential status, with information on the duration of your foreign residence and your entry visa, if applicable:

_____

_____

2 Please provide exact details on any periods spent in a foreign country and foreign trips during the past five years (except for vacation trips of less than four weeks):

_____

_____

Date	Country/Region	Purpose	Period	Frequency

3 Please provide exact details on periods you intend spending abroad and foreign trips outside of the EU and North America within the next five years (except for vacation trips of less than four weeks):

Date	Country/Region	Purpose	Period	Frequency

Insured person: _____

4 Short description of work and/or other professional activities planned for your foreign residence or foreign trip:

5 Please provide the following information on your foreign domicile: Means of transportation, availability of supplies and provisions, access to medical services:

6 Additional information relevant to the foreign domicile and foreign trips:

Declaration

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my insurance application and that failure to disclose any material fact may invalidate the contract.

_____ _____

Place, date **Signature of the insured person**

Information: Please send the signed document to the following address:

Confidential, elipsLife, Medical service, Thurgauerstrasse 54, P.O. Box, 8050 Zurich-Oerlikon
If you have any questions please contact our underwriting department:
Phone +41 44 215 45 40 or underwriting@elipslife.com