

# Questionnaire for a proposal of health insurance

SIO SwissInsuranceOnline Co., Ltd.

In order to enable us to submit a proposal as specific as possible, kindly reply to the following questions:

***Your replies are not binding for you. They are considered confidential and will be destroyed after submission of the offer.***

## person seeking for insurance cover

1 *Family name*

*First name*

*age*

## further persons to co-insure?

2

3

4

...

## Main insurance benefits (tick where appropriate)

*illness*

*accident*

*both*

## cover desired

*Inpatient traitement*

*outpatient treatment*

*organ transplantation*

*chronic conditions*

*palliative medicine*

*emergency evacuation*

*free choice of facility*

## pre-existing conditions

1

(hier dropdown)

2

...

**Home country** (the country of the passport you are travelling with)

**the country of destination**, where you want insurance coverage

other countries you plan to visit and where you want cover

**duration** of insurance cover

years

*or* up to the age of (about)

**additional options**

- dental treatment
- pregnancy, childbirth
- alternative medicine
- travel insurance  
*(cancellation fees, lost and stolen belongings etc.)*
- Lump sum payment in the case  
of death or disability caused by an accident

yearly

as per case

**preferable deductible**

*Please leave us with your statement concerning the upper limit of your budget for the **total yearly premium** (for **all of the persons mentioned above**) you are prepared to pay now and in the future (as premiums tend to raise by age and the medical inflation we witness).*

Budget:

USD

**Please return the completed form by e-mail-attachment, in order to receive a convenient insurance proposal.**

Thank you very much for your confidence!

Team SIO SwissInsuranceOnline GmbH