

ÖKK RISK CAPITAL ACCIDENT

Security in the case of death and disability caused by accidents

PUT AN END TO INSURANCE GAPS

Anyone becoming disabled as a result of an accident often has to cope with the minimum statutory pension. Death as a result of an accident can leave the survivors in a predicament. ÖKK RISK CAPITAL ACCIDENT helps reduce these risks.

MONTHLY PREMIUM FROM 1ST JANUARY 2011:

Class	Insurance sum in CHF			Monthly premium in CHF				
	Death	Disability	Total disability progression 350 %	Children* 0–3 years	Children 4–15 years	Young adults 16–20 years	Men 21–65 years	Women 21–65 years
209/09	10,000.–	100,000.–	350,000.–	2.40	2.50	5.80	8.50	7.10
210/10	10,000.–	150,000.–	525,000.–	3.50	3.60	8.40	12.30	10.30
211/11	10,000.–	200,000.–	700,000.–	4.60	4.80	11.10	16.10	13.50
230/30	10,000.–	300,000.–	1,050,000.–	6.90	7.00	16.30	23.80	19.90
214/14	20,000.–	100,000.–	350,000.–	2.40	2.70	6.30	9.20	7.70
231/31	20,000.–	150,000.–	525,000.–	3.50	3.90	9.00	13.10	11.00
215/15	20,000.–	200,000.–	700,000.–	4.60	5.00	11.60	16.90	14.20
216/16	20,000.–	300,000.–	1,050,000.–	6.90	7.20	16.80	24.60	20.60
20	50,000.–	100,000.–	350,000.–	–	–	7.90	11.50	9.70
21	50,000.–	150,000.–	525,000.–	–	–	10.50	15.40	12.90
22	50,000.–	200,000.–	700,000.–	–	–	13.20	19.20	16.10
32	50,000.–	300,000.–	1,050,000.–	–	–	18.40	26.90	22.50
24	100,000.–	200,000.–	700,000.–	–	–	15.80	23.00	19.30
25	100,000.–	300,000.–	1,050,000.–	–	–	21.00	30.70	25.70
26	150,000.–	300,000.–	1,050,000.–	–	–	23.70	34.50	28.90
33	200,000.–	300,000.–	1,050,000.–	–	–	26.30	38.40	32.10
34	300,000.–	300,000.–	1,050,000.–	–	–	31.50	46.00	38.50

ÖKK RISK CAPITAL ACCIDENT is free from the 3rd child providing all children are insured with ÖKK to the same value. The disability sum paid out is based on the degree of disability and the insurance amount selected. In the case of a degree of disability of 50% you already receive the single insurance amount (column «Disability»). This sum progressively increases up to 350% in the case of total disability (column «Total disability progression 350%»). This insurance can be taken out up to the 65th birthday.*

* The amount in the case of death is a legal maximum of CHF 2,500.- in the first 2 ½ years of life.

INSURANCE DECLARATION FOR ÖKK RISK CAPITAL ACCIDENT

1. Personal details and insurance cover

Name/first name:	Date of birth:	Gender:	Insurance variant requested:	Premium per month:
-----	-----	<input type="checkbox"/> M <input type="checkbox"/> F	-----	-----

Street, no.: ----- Post code, place: -----

Telephone: ----- Profession: -----

Customer, legal representative (name/first name, birth date): -----

2. Insurance start

I want to be accepted into the supplementary insurance ÖKK RISK CAPITAL ACCIDENT as per -----

3. Payment transactions (only complete if ÖKK is not yet in possession of these details.)

Account for: Reimbursement Premium invoice (LSV/debit direct) Cost sharing

IBAN no.: ----- Post office account Bank account: -----

Account holder (Name, first name, post code, place): -----

Payment frequency: monthly bi-monthly quarterly half-yearly yearly
 Premiums paid via my employer (collectively insured)

4. Health condition

I herewith declare to have answered all questions in full and truthfully. I am aware that untrue or missing information could result in the termination of the contract and refusal to provide benefits or request for repayment.

1. Have you **sustained** accidents, No Yes Which accidents: -----
 which led to medical or therapeutical treatment? -----

Accident information: -----

Diagnosis: -----

Treated by: -----

Completed on: -----

2. Do consequences of No Yes Diagnosis: -----
 an accident exist with you? -----

Treated by: -----

Date of first treatment: -----

3. Which sports to you practise? No sports Which? -----
 Sports in my spare time -----

Sports on nat./internat. level Which types of sports? -----

On what level (league, squad)? -----

5. Declaration of accession

I am applying for the above-mentioned insurance with ÖKK for myself or the person I represent, respectively. With my signature, I confirm that
 - I have truthfully and fully answered the above-mentioned questions.
 - I am aware of the identity of the insurer as well as the essential content of the insurance contract (insured risk, scope of the insurance protection, premiums and my further obligations, minimum duration of contract and deadlines for giving notice).
 - I accept the General conditions of insurance (AVB)
 I authorise ÖKK and further carriers of the insurance I applied for according to the insurance contract law (VVG) to obtain information from doctors, dentists, therapists, hospitals, further medical personnel as well as health insurances and other insurance companies (in particular relating to the health condition) required to conclude the insurances to VVG and release them from their obligation of patient confidentiality. ÖKK undertakes to treat the information received confidentially. In addition to this, I authorise all carriers of the insurances I applied for to inspect my health insurance file with ÖKK.

Place and date: -----

Signature: -----
 (customer, legal representative)