



## SUBSCRIBER

Mr.  Mrs.  Ms.

Mailing Address: .....

Family Name: .....

First Name : ..... Zip Code : .....

Date of birth: Day : ..... Month : ..... Year : ..... Ville : ..... Pays : .....

Tel : ..... Cell phone : ..... E-mail: .....

## PERSONS TO BE INSURED (GUESTS)

### Complete the information below :

Member (s)	Family Name	First Name	Gender	Birth Date	Nationality	Premium (CHF)
Insured # 1						
Insured # 2						
Insured # 3						
Insured # 4						
Total premium (CHF) :						

Effective date of the contract : ..... / ..... / ..... (Day / Month / Year)

Length of the contract (number of days) :  3  8  10  15  22  31  45  62  92

Country of departure : ..... Country of usual residence: .....

## STATEMENT

*I hereby apply to enroll the persons mentioned in this application form in the Golden Care TravelCover Schengen insured by EUROPE ASSISTANCE (Suisse) Assurances SA.*

*I declare in the name of the persons to be insured that:*

- I understand the above answers are confidential and shall be used for the underwriting procedure of my application by Golden Care Services;*
- The above questions are accurately represented and are, to the best of my knowledge and belief, full, complete and true, and that I do not have any knowledge of any circumstance that would affect the result of the evaluation by Golden Care Services related to my application for Insurance;*
- I understand any false or inaccurate declaration shall be considered retroactively as a waiver of benefits and shall lead to the immediate cancellation of the Plan;*
- I am aware the Plan shall be effective at the date mentioned on each Insured's Certificate of Insurance issued after acceptance of my application by Golden Care Services and payment of the corresponding premium to the latter;*
- I authorise Golden Care Services to obtain from doctors, insurers and other service providers, and to pass on to the same, information, including personal data, necessary for the evaluation of the insurance risk and for the management of the contract thereof;*
- I have read and approved the Plan General Conditions of the Plan ref. GCCHTSC006GB "Golden Care TravelCover Schengen", and that, should I act on their behalf, I have provided the persons to be insured with a copy of above, according to the obligations set forward by "la Loi fédérale sur les Contrats d'Assurance (LCA)";*
- I understand that any pre-existing condition at the date of subscription or at the date of departure are excluded from this contract and that coverage does not apply to the country of usual residence of the persons insured. All persons to be insured declare that they are in good health and are not currently under medical treatment;*
- I understand that any treatment received when the trip was made with the intention of seeking medical care are excluded;*
- I understand that any cost incurred without prior approval of the Assistance Services, or any intervention not organised by the latter shall not be settled.*

Signature of the Subscriber on behalf

of all the persons to be insured : ..... Place: ..... Date .....

Crédit Suisse

Crédit Suisse

Proposal # :

8070 Zurich

8070 Zurich

Name:

CH40 0483 5034 0428 5101 8

CH40 0483 5034 0428 5101 8

Date of birth : .... / .... / ....

Golden Care SA  
Bvd Helvétique 31  
1207 Genève

Golden Care SA  
Bvd Helvétique 31  
1207 Genève

12-35-2

12-35-2

Travel Insurance cover for emergency medical expenses (CHF 50'000) and repatriation (real costs). The Insurer company must be contacted in all cases before incurring any medical expenses. The Insurer of the Plan only is authorized to organize any assistance services.

## RATES (CHF)

### Rates (per person)

Age Band	Length of Stay								
	3 days	8 days	10 days	15 days	22 days	31 days	45 days	62 days	92 days
0-60 years	44	65	78	115	154	212	315	399	520
61-80 years	80	116	143	165	245	275	425	475	620

### Family Rate – (\*2 adults up to 60 years of age + 2 children under the age of 17)

Family	Length of Stay								
	3 days	8 days	10 days	15 days	22 days	31 days	45 days	62 days	92 days
4 members*	130	182	220	322	432	590	882	1117	1456

Rates valid from 01/07/2010 to 30/06/2011

## HOW TO SUBSCRIBE?

- 1) Complete, date and sign the proposal
- 2) Use the attached payment slip to pay for your premium
- 3) Send the proposal along with a copy of proof of payment to :

Golden Care S.A  
 31 Boulevard Helvétique  
 1207 Geneva, Switzerland  
[goldencare@goldencare.ch](mailto:goldencare@goldencare.ch)

Tel : +41 22 786 12 00 - Fax : +41 22 786 12 20

You can also subscribe directly online through the following website :

[www.goldencare.ch](http://www.goldencare.ch)