

Please complete this PDF form electronically or, if not possible, on paper.

Print, sign and return to: UNIQA GlobalCare SA, Avenue de la Praille 26, Case Postale 1431, 1227 Carouge, Switzerland.

INSURED PERSON

Surname and first name: _____

Address: _____

Insurance number (CHIS ID No.): _____ . _____

TO BE COMPLETED IF THE APPLICANT IS THE INSURED PERSON

I, _____, request that a file be opened to assess my entitlement to Long-term care benefits from the CERN Health Insurance Scheme.

Describe your situation/needs here

My usual medical practitioner is:

Name of medical practitioner: _____

Medical practitioner's address: _____

TO BE COMPLETED IF THE APPLICANT IS NOT THE INSURED PERSON

Surname and first name: _____

Address (if different from the insured person's): _____

I, _____, acting on behalf of (insured person) _____,

request that a file be opened to assess the entitlement to Long-term Care benefits from the CERN Health Insurance Scheme.

Describe your situation/needs here

The insured's usual medical practitioner is:

Name of medical practitioner: _____

Medical practitioner's address: _____

DATE (DD/MM/YYYY)

SIGNATURE and FULL NAME (please print)