

Application for Balance PROTECT

(only for persons whose main residence is in Switzerland)

MIGROS BANK | **CUMULUS**

helvetia
Ihre Schweizer Versicherung



Fill in the application form promptly, send it to the address on the right and start protecting your finances!

Migros Bank AG
LOSICU_F
P.O. Box
8010 Zurich

(Simply use a standard C5 envelope with the window on the right-hand side)

Personal informations

Ms Mr

First name

Last name

Card account number (please complete)

(You can find your card account number either directly in the one app or on your last credit card statement.)

Street

No.

Postcode

Town/City

E-mail

Application form

Application for fee-based Balance PROTECT insurance coverage.

With Balance PROTECT from Helvetia Insurance, you can protect your finances in the event of involuntary unemployment, disability and death for a fee corresponding to 0.5% of the outstanding invoice amount. Balance PROTECT is provided for your Cumulus credit card by Visa Payment Services Ltd., based in Zurich, and is billed via your card account.

Yes, I would like to take out Balance PROTECT insurance to protect my financial solvency in return for a payment equal to 0.5% of my outstanding invoice amount.

By signing this form, I confirm that:

- I have taken note of and accept Section 5.4 b) of the **Terms and Conditions of use** (migrosbank.ch/cumulus-kreditkarte/Nutzungsbestimmungen-en) of the Cumulus credit card (waiver of remuneration from Migros Bank AG);
- I have been working for at least 12 months with a weekly working time of at least 25 hours and am currently in a permanent, ongoing employment relationship and am not about to take early or ordinary retirement (for employed persons only);
- I am not currently absent from work due to illness or an accident and am neither ill nor suffering from the consequences of an accident;
- In the course of the past 12 months, I have not been absent from work (consecutively or not) for more than 20 calendar days due to illness or an accident or for more than 10 calendar days due to hospitalisation, and have not undergone medical examinations and/or regular medical treatment or check-ups due to illness or an accident during this period;
- I am aware that the insurer is legally entitled to refuse to pay insurance benefits in the event of false statements and fraudulent substantiation of an insurance claim or if the insured event had already occurred at the time of signature of this application;
- I have received the **General Terms and Conditions of Insurance, including customer information relating to Balance PROTECT** or have consulted them at cumulus.migrosbank.ch/gci-balanceprotect, have taken note of and understood their content, in particular the **exclusions of benefits and the information on data exchange and digital communication** (www.helvetia.ch/privacy), and confirm my consent.

Place/date

Signature