aquilana
Gesundheit für Generationen

Request for an offer

Please send an offer to:

Title ☐ Mrs ☐ Mr

Surname _____ First name _____

Address _____ Post code/ place _____

Home tel. _____ Business tel. _____

Email _____

For the following persons in the same household:

Surname					
First name					
Female / male	f m	f m	f m	f m	f m
Date of birth					
Basic insurance/excess*	CHF	CHF	CHF	CHF	CHF
with accident cover					
OKP (o) / CASAMED (c)	o c	o c	o c	o c	o c
Supplementary insurance:					
Nursing care PLUS					
Nursing care TOP					
Hospital care					
Private / self-payment	CHF	CHF	CHF	CHF	CHF
Semi-private/self-payment	CHF	CHF	CHF	CHF	CHF
General					
Dental care					
Stage	1 2	1 2	1 2	1 2	1 2
UTI					
Accident insurance	Death CHF	Death CHF	Death CHF	Death CHF	Death CHF
for death and disability	Dis. CHF	Dis. CHF	Dis. CHF	Dis. CHF	Dis. CHF
KTI					
Lump sum insurance					
for death and disability	Death CHF	Death CHF	Death CHF	Death CHF	Death CHF
due to illness	Dis. CHF	Dis. CHF	Dis. CHF	Dis. CHF	Dis. CHF
with accident cover					

*The stated excess refers in each case to adults over the age of 19 and after the slash (/) to children up to age 18.

We thank you for your interest. Please send this request for an offer by email to kundendienst@aquilana.ch or by post to our business address. We will of course be happy to provide further information.

Bruggerstrasse 46, CH-5401 Baden
Tel. +41 56 203 44 44, Fax +41 56 203 44 99
www.aquilana.ch