



All the insurance you need.
sympny

Dental insurance dental

The smart way to avoid holes in your budget –
for all ages.

dental

All the benefits you need.

Holding dental costs down

dental makes generous contributions to:

- Dental treatment
- Laboratory services
- Prevention and check ups

Cover is still provided if you are treated in a neighbouring country of Switzerland!

dental leaves no gaps open:

- No charge and no health examination* for children up to age three
- Preventive care and check ups including x-rays for healthy teeth – up to CHF 100 per calendar year

Comprehensive and dependable

Normally, entitlement to **dental** benefits already begins after 6 months. For prosthetic treatment, such as crowns, bridges, dentures, pivot teeth, treatment of poor tooth and jaw positions etc, the waiting time is twelve months.

The insurance can only be taken out and managed in conjunction with at least one of the following insurance:

basic insurance, **plus, premium, hospita, salto, general supplement** or **private supplement**.

Which gap do you wish to fill? Monthly premiums in CHF from 1.1.2017

You may choose between these dental variants:

Monthly premium Insurance cover	Age 0-3*	4-5*	6-10	11-15	16-18	19-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	>60
50%, max. CHF 1,000/ calendar year	free	4.50	7.00	17.00	17.00	15.50	22.00	24.00	26.00	30.50	32.00	33.50	35.00	36.00
75%, max. CHF 1,500/ calendar year	free	8.00	13.00	30.50	30.50	27.50	39.50	43.00	47.00	55.00	58.00	60.50	63.00	65.00
75%, max. CHF 5,000/ calendar year	free	16.00	26.50	62.50	62.50	56.50	81.00	89.00	96.50	113.50	119.00	124.50	129.50	133.50

* The premium is payable from 1 January of the year in which the child turns four.

Application for dental insurance

Received on:

Insurance number:

Please send the completed form to: Sympany, Verkauf und Betreuung, Postfach, 4002 Basel

1. Personal particulars

Surname: Date of birth:

(for married couples, please indicate both surnames)

First name: Telephone (daytime number):

Street/number:

Post code/place: Gender M F

Policyholder (surname/first name/date of birth):

2. Insurance variant

Please mark a cross against the desired variant.

Insurance cover

50%, max. CHF 1,000/calendar year

75%, max. CHF 1,500/calendar year

75%, max. CHF 5,000/calendar year

Premium/month

3. Starting date of insurance

I wish **dental** cover to begin on:

4. Payment

Complete only if this information is not yet known to Sympany.

Account holder:

Surname:

First name:

Post code, place

Account for:

Refunds Premium account (direct debit)

Account number:

office Bank

Name:

Branch:

Type of payment: monthly two-monthly quarterly half-yearly yearly

Group insurance: premium paid by deduction from salary

Date/initials of persons responsible:



Please complete the back of this page in full

5. State of health

Please answer each question clearly – dashes are not acceptable as an answer.

Problems which already exist when the insurance is taken out, such as untreated or missing teeth, poor tooth positions, anomalies of the jaw etc. are not insured.

1. a) When was the last time you had treatment or a check-up at the dentist? (Must be within the last 12 months)
Month and year:
- b) Name and address of previous dental practice:
- c) Are your teeth in perfect condition (no further treatment required)?
 yes no
Notes:

Note: further treatment is required in the following cases:
– if the last treatment or check-up was more than a year ago,
– if teeth need to be extracted and the resulting gaps filled with pivot teeth, bridges or crowns, or if partial or complete dentures are required,
– if existing prosthetic work is in poor condition or defective.
- d) Do you have dental treatment/a check-up planned? If so, why?
 yes no
2. a) Are there poorly placed teeth?
 yes no
Diagnosis:
- b) Are there poor positions of the jaw?
 yes no
Diagnosis:
3. a) Are there disorders of the gum/parodontium?
 yes no
Diagnosis:
- b) Are there disorders of the throat?
 yes no
Diagnosis:
- c) Are there disorders of the jaw?
 yes no
Diagnosis:

6. Declaration on affiliation

With my signature

- I declare that I have fully and truthfully answered the questions relating to supplementary insurance in accordance with the VVG. This declaration also applies to any answers not entered by me personally.
- I declare that I know the identity of the insurer and the main contents of the insurance contract and accept these (insured risks, scope of insurance cover, premiums and my other obligations, minimum contract term, right of revocation and notice periods as well as the General Terms and Conditions of Insurance (GTC) and Special Terms and Conditions (STC)). I also confirm that I have read the pre-contractual information in “Customer information according to the VVG.” I expressly declare that I have read and understood the GTC and STC relating to orthodontic corrections and maternity. In case of a third-party insurance intermediary, I also confirm that I know the identity of the intermediary and that the written answers provided by a third party or the intermediary are in line with my instructions.
- I authorise Sympany Versicherungen AG and other providers of insurance applied for by me to obtain the information (particularly in relation to my health) from doctors, dentists, therapists, hospitals, medical staff, health insurance companies and other insurance companies which is required for taking insurance policies in accordance with the Swiss Insurance Policies Act (IPA), and to that end I release them from their duty of professional secrecy. Sympany Versicherungen AG undertakes to treat all information received in the strictest confidence.
- I authorise all carriers of insurance applied for to view my health insurance file held by Sympany Versicherungen AG.
- I authorise the insurer to share information with doctors, other service providers, social and private insurers and authorities, and to request information from these where this is necessary for assessing the insurance cover in order to evaluate a duty of disclosure breach, and for the purpose of settling a claim. In such cases, I release the persons receiving the request from the insurer from their professional duty of confidentiality.

Place and date:

Policyholder (legal representative):

