

Insurance number

Your [CONCORDIA agency](#)

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Accident Coverage (KVG/LAMal)

Person insured

Surname, first name Date of birth

Street, P.O. Box Sex M F

Postal code/town

Accident Coverage (KVG/LAMal) Change as per 01.

- Exclusion of accident risk from Mandatory Health Care Insurance**
Accident coverage may be suspended at the request of insured persons who, in accordance with the Swiss federal law on accident insurance (UVG/LAA/LAINF), are fully covered for this risk as required (Art. 8 of the Swiss federal law on health insurance (KVG/LAMal)). Suspension of accident coverage begins no earlier than on the first day of the month following the request.
If accident coverage as required by the UVG/LAA/LAINF ceases, I will immediately notify CONCORDIA so that it may be reactivated in Mandatory Health Care Insurance.

Name and address of the employer

- Inclusion of accident risk in Mandatory Health Care Insurance**

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Location and date

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Applicant or legal representative

Agency

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Date, signature

Head office

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Date, initials

Please complete the form, in its entirety and send it back to your [CONCORDIA agency](#).