blue collar Vermögen

Blue Collar Investments AG
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Checklist
Health insurance

Personal declarations

Salutation	☐ Ms/Mrs	☐ Mr	☐ Mx
First name / name			
Street / No.			
Zip code / domicile			
Telephone			
Date of birth			
Nationality			
Health insurance			

General

		Yes	No
1.	Working at least 8 hours / week	☐	☐
2.	For women: current or planned pregnancy?	☐	☐
3.	Other family members (if yes, please fill out an additional form)	☐	☐
4.	Currently healthy and fully able to work?	☐	☐

Additional hospital insurance

		Canton of residence	Switzerland	World
5.	General department	☐	☐	☐
6.	Semi-private section	☐	☐	☐
7.	Private department	☐	☐	☐
8.	Flexible election model	☐	☐	☐

Outpatient supplementary insurance

		not important	desired	mandatory
9.	Medications not covered by health insurance	☐	☐	☐
10.	Dental treatments	☐	☐	☐
11.	Tooth position corrections	☐	☐	☐
12.	Treatment by non-medical psychotherapists	☐	☐	☐
13.	Health promotion (fitness / baths etc.)	☐	☐	☐
14.	Health care (HIV test / check-up etc.)	☐	☐	☐
15.	Vaccinations	☐	☐	☐
16.	Alternative medicine / natural remedies	☐	☐	☐
17.	Glasses and contact lenses for adults	☐	☐	☐
18.	Home help	☐	☐	☐
19.	Recovery cures in Switzerland	☐	☐	☐
20.	Medically prescribed spa treatments in Switzerland	☐	☐	☐
21.	Medically prescribed spa treatments abroad	☐	☐	☐
22.	Transport costs domestic / abroad	☐	☐	☐
23.	Rescue and search costs Switzerland / abroad	☐	☐	☐
24.	Outpatient / inpatient emergency services abroad	☐	☐	☐

Maternity benefits

		not important	desired	mandatory
25.	Expanded maternity benefits	☐	☐	☐
26.	Free choice of doctor / hospital	☐	☐	☐

Remarks