

I'm interested in:



**Saving Insurance
for children**

Name _____

First name _____

Street name _____

Postal Code / Town _____

Phone _____

E-Mail _____

Profession _____

Smoker or non-smoker _____

Civilian status _____

Date of birth _____



**Provisions in
Switzerland**

Name _____

First name _____

Street name _____

Postal Code / Town _____

Phone _____

E-Mail _____

Profession _____

Smoker or non-smoker _____

Civilian status _____

Date of birth _____



**Household equipment and
Liability Insurance**



Medical Insurance



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