CSS Insurance

Beneficiary statement

for Accidental or Illness-Related Death or Disability Insurance

This form must be completed by the insured person or the insured person's legal representative. All relevant questions must be answered in full, and the signed form must then be returned promptly to the address at the end of the document. If you have any questions, please contact the Contact Center on 0844 277 277. Thank you.

Client number

☐ Accident ☐ Illness ☐ Accident and illness

1 Personal details

First name

Surname

Street address

Postcode/town

Date of birth

2 Beneficiary

In case of my death, I declare that the insured death lump sum is to be paid to:

Please provide an address, date of birth and percentage for each beneficiary.

I understand that I can revoke this statement at any time and that I may delete or add beneficiaries.

Place

Date

Signature of the insured person

If no beneficiary is stated on the present form, the following order of beneficiaries will apply in the event of death, in accordance with the General Insurance Conditions.

1. Spouse/registered partner
2. in the absence of which, the children
3. in the absence of which, the other statutory heirs, excluding the community

Please return to:
CSS Versicherung
Special Insurance Competence Center
P.O. Box 2568
6002 Lucerne

Legal entity for supplementary insurance (VVG): CSS Versicherung AG

Form. 440Be-09.17-pdf