

REGISTRATION EXPAT CASH

PARTY / PARTIES ENTITLED TO INSURANCE:

EMPLOYEES TO BE INSURED:

GENERAL DETAILS												INSURED PARTY SCOPE OF BENEFITS*						
Serial no.	Surname, first name(s)	Nationality	Sex*		Date of birth	Intended country of residence	Start of insurance month/year	Does a further sickness daily allowance cover exist?				EXPAT CASH	Days without benefit				Daily allowance (EUR) max. 150 EUR/day	Empl.** is sent abroad
			m	f				no	yes	Insurer	Insurance-No.		14	42	91	183		

(*please tick)
 (**In the context of human-resource relocation the expatriate changes the country/cultural area on instruction by his employer.)

Place, date: _____ Signature / stamp: _____

effective: 01.09.2014