Application

to the

Foundation for the promotion of social measures in health and accident insurance and for support in cases of hardship

for hardship assistance

Details of applicant	**Details of contact person (if different from applicant)**
Surname:	Surname:
First name:	First name:
Date of birth:	Email address:
Residential address:	Phone:
Email address:	Relationship to applicant:
Phone:	Please note: Postal correspondence will be sent to the applicant.

Preliminary information

Who is your health insurance company (please enclose policy)?

Do you have supplementary health insurance (please enclose policy/ies)?

Which uninsured costs are you facing?

Which insurance companies/institutions/foundations have already looked in to your situation?
Have they awarded you any benefits or assistance? If so, please state the benefits/assistance in question (please enclose all correspondence).

The facts – what happened?

What difficulties are you experiencing as a result of what you have described above, and to what extent do you need assistance / how could your situation be improved?

With this application, please enclose <u>copies</u> of all documents providing evidence of your situation, which might be relevant to the processing of your application, such as, specifically:

- (Health) insurance policy/ies
- Latest tax return
- Letters containing negative decisions from social security or private insurance schemes (such as health insurers, the federal disability insurance scheme, or private insurers)
- Applications/rejections for grants
- Receipts and/or invoices
- Medical records and/or reports
- Account details for any payment that may be made

With your signature below, you confirm that the information given above is correct.

Place/date:

Signature of applicant or representative:

Please submit your completed application to the following address:
- CSS Foundation, Tribschenstrasse 21, P.O. Box 2568, 6002 Lucerne
- or by email to sekretariat@css-stiftung.ch