|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anmeldung: |  | vorsorglich | | |  | | dringend (bitte aktuelles Arztzeugnis beilegen) | | | | | | | |
| **Name/Vorname:** |  | | | | | | | | | | | | |
| (bei Frauen auch Familienname als ledig) Bitte jeder Anmeldung eine Kopie aus dem Familienbüchlein oder der Niederlassungsbewilligung beilegen. | | | | | | | | | | | | | |
| Aktuelle Adresse: |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | | |  |
|  |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | | |  |
| Telefon: |  | | | | | | | |  | | | | |
|  |  | |  | | | | |  | | | | |  |
| Geburtsdatum: |  | | | | | | | |  | | | | |
|  |  | |  | | | | |  | | | | |  |
| Zivilstand: |  | ledig | |  | | verheiratet | | | |  | geschieden | | |
|  |  |  | |  | | | | | | | | |  |
|  |  | verwitwet | | seit: | | | | |  | | | | |
|  |  |  | |  | | | | | | | |  | |
|  |  | |  | | | | |  | | | |  | |
| Beruf: |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | |  | |
| Wohnsitzgemeinde/ |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | |  | |
| Schriftenort: |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | |  | |
| Konfession: |  | | | | | | | | | | | | |
|  |  | |  | | | | |  | | | |  | |
| Heimatort: |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| AHV-Nr.: |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Aktueller Aufenthaltsort: |  | | | | | | |
|  | | | | | | | |
|  |  | | | | | | |
|  |  |  | |  | |  | |
| **Adressen der Angehörigen/Bezugspersonen** | | | | | | | |
| Name/Vorname: |  | | | | | | |
|  | | | | | | | |
| Adresse: |  | | | | | | |
|  |  | |  | |  | |  | |
|  |  | | | | | | | |
|  |  | |  | |  | |  | |
| Verwandtschaftsgrad: |  | | | | | | | |
|  |  | | | | | | | |
| Telefon: |  | | | | | | | |
|  |  | | | | | | | |
| E-Mail: |  | | | | | | | |
|  |  | | | | | | | |
| Rechnungsadresse: | | | | | | | |
| Name/Vorname: |  | | | | | | |
|  | | | | | | | |
| Adresse: |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | | | | | | | |
| Telefon: |  | | | | | | |
|  |  | | | | | | |
| E-Mail: |  | | | | | | |
|  |  | | | | | | |
|  |  | |  | |  | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Allfällige gesetzliche Vertretung / Beistandschaft: | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Name/Vorname: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Adresse: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Telefon: | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| E-Mail: | |  | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | |
| Krankenkasse/Mitglieder-Nummer: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Krankenkassen-Karten Nr.: | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  |  | | | | | | |
| 807… | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  |  | | | | | | |
| Zuständige Ausgleichskasse/AHV-Zweigstelle: | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | AHV-Rentner/in | | | | | | |  | | IV-Rentner/in | | | |  | IV-Anmeldung eingereicht | | | | |
|  | | |  |  | | | | | | |  | |  | | | | | | |
| Hilflosenentschädigung: | | |  | keine | | | | | | |  | | leichten | | | |  | mittleren |  | | schweren Grades | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Ergänzungsleistungen (EL) | | | ja | | | nein  in Abklärung | | | | | | | | | | | | | | | | |
| Haben | | | | | | | | | | | | | | | | | | | | | | |
| Haben Sie Schulden? | | | ja | | | nein | | | | | | | | | | | | | | | | |
| ☐ Steuerschulden ☐ Hypotheken ☐ andere Schulden: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | | |
| Betreibungen | | | ja | | | nein (falls ja, bitte Betreibungsregisterauszug beilegen) | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | | |
| Nutzniessungsrecht | | | ja | | | nein (falls ja, bitte Kopie beilegen) | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | | |
| Patientenverfügung | | | ja | | | nein (falls ja, bitte Kopie beilegen) | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | | |
| Corona-Impfung | | | ja | | | nein | | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | | | |
| Elektronisches Patientendossier | | | ja | | | nein | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | | | | |
| Bemerkungen: | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Mit Ihrer Unterschrift bestätigen Sie, dass die vorstehenden Angaben vollständig und wahr sind. Ausserdem bestätigen Sie den vor dem Eintritt fälligen Kostenvorschuss (Depot) von CHF 4‘800 leisten zu können. | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | |  | | | | | |  |  | | | | | | |
| Datum: |  | | | | | | | |  | | | Unterschrift: | | | |  | | | | | | |
|  |  | | | | | | | |  | | |  | | | |