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| *A*nmeldung: |  | 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: |  | | | | | | | | | | | | |
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| Allfällige gesetzliche Vertretung / Beistandschaft: | | | | | | | | | | | | | | | | | | | | | | |
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| Krankenkasse/Mitglieder-Nummer: | | | | | | | | | | | | | | | | | | | | | | |
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| Zuständige Ausgleichskasse/AHV-Zweigstelle: | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | AHV-Rentner/in | | | | | | |  | | IV-Rentner/in | | | |  | IV-Anmeldung eingereicht | | | | |
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| Hilflosenentschädigung: | | |  | keine | | | | | | |  | | leichten | | | |  | mittleren |  | | schweren Grades | |
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| Ergänzungsleistungen (EL) | | | ja | | | nein  in Abklärung | | | | | | | | | | | | | | | | |
| Haben | | | | | | | | | | | | | | | | | | | | | | |
| Haben Sie Schulden? | | | ja | | | nein | | | | | | | | | | | | | | | | |
| ☐ Steuerschulden ☐ Hypotheken ☐ andere Schulden: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
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| Patientenverfügung | | | ja | | | nein (falls ja, bitte Kopie beilegen) | | | | | | | | | | | | | | | | |
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| Corona-Impfung | | | ja | | | nein | | | | | | | | | | | | | | | | |
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| Bemerkungen: | | | | | | | | | | | | | | | | | | | | | | |
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| Mit Ihrer Unterschrift bestätigen Sie, dass die vorstehenden Angaben vollständig und wahr sind. Ausserdem bestätigen Sie den beim Eintritt fälligen Kostenvorschuss (Depot) von CHF 4‘800 leisten zu können. | | | | | | | | | | | | | | | | | | | | | | |
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