



Prenatal enrolment

For a good start in life

Comprehensive insurance coverage begins before birth. For this reason, you can enrol your baby quite easily with CONCORDIA already during the pregnancy.

In the best hands from the first breath: With prenatal enrolment, we include your baby in various supplementary insurance plans without reservation. Start your new family life with peace of mind.



No restrictions

Unconditional acceptance into various supplementary insurance plans



All-round well insured

Comprehensive insurance protection from birth on



Baby-Bonus

CONCORDIA offers newborns a Baby-Bonus gift of CHF 100



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If you insure your child with CONCORDIA before they are born, we will admit them not only to mandatory health insurance (basic insurance) but also to the supplementary insurances DIVERSA or DIVERSA^{care}, NATURA, GENERAL Hospital Insurance, ACCIDENTA and Dental Care Insurance without a health examination.

DIVERSA, DIVERSA^{care}	<ul style="list-style-type: none">– Correction of the teeth and ears– Spectacles and contact lenses– Medicine not covered by mandatory health insurance– Treatment abroad in case of an emergency due to illness or accident
NATURA	<ul style="list-style-type: none">– Contributions towards more than 70 alternative treatment methods– Access to many naturopaths and therapists recognised by CONCORDIA– Contributions towards health promotion and preventative health measures
GENERAL Hospital Insurance	<ul style="list-style-type: none">– Treatment in the general ward in all hospitals recognised by CONCORDIA in Liechtenstein and Switzerland
Dental Care Insurance	<ul style="list-style-type: none">– Check-ups– Conservative treatments– Dental prosthetics and orthodontics

In order to take out the following supplementary insurance plans, a simplified risk assessment must be successfully completed after notification of the birth:

DIVERSA^{plus} , DIVERSA^{premium}	<ul style="list-style-type: none"> – Higher contributions towards dental and ear corrections as well as spectacles, contact lenses and medication not covered by mandatory health insurance
NATURA^{plus}	<ul style="list-style-type: none"> – Higher contributions towards more than 130 alternative treatment methods – Contributions towards baby swimming and sports club memberships
PREMIUM and CARE Hospital Insurance	<ul style="list-style-type: none"> – Treatment in all hospitals recognised by CONCORDIA throughout Liechtenstein, Switzerland, Austria, Germany and, with PREMIUM Hospital Insurance, even worldwide – Free choice of doctor in the hospital in the semi-private or private ward

CONCORDIA Baby-Bonus

Newborns that are insured by CONCORDIA with supplementary insurance will be given a Baby-Bonus gift of CHF 100 by CONCORDIA.

Further information: www.concordia.li/birth

This flyer is provided for informational purposes and does not represent a binding offer. The General Insurance Terms and Conditions regarding supplementary care insurances as well as the Additional Insurance Terms and Conditions regarding DIVERSA FL, NATURA FL, Hospital Insurance FL and Dental Care Insurance FL prevail.



Representation in Liechtenstein

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Please seal here

Notification of the birth

I would like to add the following data to the application submitted before the birth.

Personal data of one parent

☐ Mr. ☐ Mrs. ☐ Ms.

Surname	First name
Date of birth	Insured at CONCORDIA <input type="radio"/> Yes <input type="radio"/> No
Street, n°	Insurance number
Postcode, town	Phone

Data regarding the newborn child

Surname	First name
Date of birth	<input type="radio"/> Girl <input type="radio"/> Boy

Is the child completely healthy? ☐ Yes ☐ No, the child suffers from:

Has registration with the disability insurance (IV) taken place or has it been recommended?

☐ No ☐ Yes, reason:

Height and weight at birth cm kg

Name of the treating physician or hospital

Please only sign and submit the form after leaving the hospital. If the birth did not take place in a hospital, the signed form must only be sent after the first paediatric examination.

Location, date _____ Signature _____
of the legal representative

I am interested in further supplementary insurance plans for my child.

☐ Please contact me. I can be best reached at _____ o'clock.