

Home Help/Home Care Statement

Insured p	erson								
Surname				Name					
Client number	•								
Informatio	on on person providing the h	aln							
Surname	on on person providing the n	eih		Name					
Address									
Bill									
Month	Aonth Y		ar Con		Compe	npensation per hour in CHF			
L									
	Home help (Please describe, e.g. cooking, laundry, cleaning, shopping, etc.)		Home care (Please describe, e.g. getting dressed, personal hygiene, changing bandages, etc.)			Expenditure of time			
					iai i-				
DD.MM.YY				•		from hh:mm	to hh:mm	h/min	Total
Total hou	irs/minutes								
Total amount in CHF									
For home hel	ip: The undersigned confirm that they are no	ot close rela	atives oft he insure	d person.			<u>.</u>		
Amount r	eceived								
Place / date			,	Signature of person prov	riding help				
			t						

CSS, Leistungsprüfung, Postfach 2568, 6002 Luzern