

**Contract no.**

### Details pertaining to the insured person

### Activity before occurrence of disability

### Cause of disability

### Duration of disability

Extent and duration of disability \_\_\_\_\_ % from \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_ % from \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_ % from \_\_\_\_\_ until \_\_\_\_\_



### Medical treatment

Doctors treating you (when hospital please also mention department)

Start	Ende	Name, address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which of these doctors can give information on the whole duration of the illness respectively results of the accident? \_\_\_\_\_

Are further therapists involved in the treatment? ☐ yes ☐ no

If yes: name, address \_\_\_\_\_

### Remarks

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### Other registrations

My disability is also registered with	Benefits are approved
<input type="checkbox"/> disability insurance	at _____ % since _____
<input type="checkbox"/> accident insurer	at _____ % since _____
If yes: name, address	_____
<input type="checkbox"/> Third party liability insurance	at _____ % since _____
If yes: name, address	_____
<input type="checkbox"/> further insurers	at _____ % since _____
If yes: name, address	_____
If pension fund/BVG insured with Swiss Life	Contract no. _____

The examination of your claim to benefits is made easier if you provide us with copies of already existing doctor's reports and decisions of other insurers (disability insurance provisions, accident card, etc.).



## Authorisation

I am aware of the fact, that Swiss Life requires certain data concerning my personal details for the examination of the claim to benefits. Failure to provide this data can lead to rejection of the requested claim

I agree, that my personal details (name, first name, gender, date of birth, occupation, address) as well as my health details for the purpose of the examination of the claim to benefits can be handled by Swiss Life. Swiss Life can transmit these details for examination of the claim to benefits and for measures to combat insurance misuse, to affiliated companies as well as other participating insurers and reinsurers inland and abroad.

I am also in agreement, that Swiss Life can obtain information concerning the examination to the claim to benefits from affiliated companies as well as governmental offices and from third parties, especially from primary insurers regarding previous claims history.

I hereby release hospitals, doctors, psychologists, therapists and relevant staff of health insurers, short-term disability benefit insurers, health and accident insurers, AHV and IV offices, life insurers, pension funds, reinsurers and other third parties who are able to provide information in connection with the occurrence of the claim, from their duty of professional secrecy or confidentiality and authorise them to make records available for inspection and to disclose such information to Swiss Life, as is required to assess the case, and in particular to investigate the claim for insurance benefits.

I further authorise Swiss Life to transmit information and documents (incl. medical records and files available to us from other insurance companies involved) to other insurers, such as to health insurers, short-term disability benefit insurers, health and accident insurers, AHV and IV offices, life insurers, pension funds and reinsurers, as well as to experts and physicians, for the purpose of processing benefits. In order to combat insurance fraud, Swiss Life may forward this data to other Group companies and to third parties.

Policy/Reference no. \_\_\_\_\_

Name \_\_\_\_\_

First name \_\_\_\_\_

Place, date \_\_\_\_\_

Signature of the insured person \_\_\_\_\_

## Tax notification (according to the federal law on withholding tax dated 13.10.1965)

Life insurance companies are obliged to report benefits on disability to the Swiss Federal Tax Administration, as long as the yearly annuity exceeds the amount of CHF 500.00. If objection is raised against this, Swiss Life is obliged to deliver 15% of all reportable benefits on disability charged to the insured benefits, without thereby declaring the name of the person entitled to benefits.

If we do not hear from you to the contrary, a tax notification will made.



## Payout

The benefit is paid out to (please make a selection):

- |   |  |
|---|--|
| <input type="radio"/> Insured party / Policyholder                | <input type="radio"/> Parents / Grandparents   |
| <input type="radio"/> Spouse / Registered partner                 | <input type="radio"/> Pillar 2 employee benefits institution   |
| <input type="radio"/> Life partner residing in the same household | <input type="radio"/> Recognised non-profit organisations (only with ZEWO or SQS VMI seal of approval) |
| <input type="radio"/> Children / Grandchildren                    | <input type="radio"/> Persons / Bodies with contractual or other legal entitlement                     |

If payment is not made to the insured party / policyholder, a copy of a valid official identification document must be submitted (front and back of identity card). Depending on the outcome of the individual examination, additional documents may be requested.

Valid identity documents: Passport; identity card (Switzerland, Liechtenstein and Schengen countries)

## Financial institution

IBAN

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Account no. (outside Europe)

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SWIFT code (outside Europe)

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Name of financial institution

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Address of financial institution

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Country of financial institution

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Account holder (nat./leg. Person<sup>1</sup>)

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Account holder's residential/domicile  
address (if other than policyholder)

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<sup>1</sup> With operative controlling persons/business partnerships, the form "Identification of the controlling persons of legal entities/partnerships" shall be submitted.

With domiciliary companies (non-operative controlling persons / partnerships) the form "Ascertainment of beneficial owner" shall be completed through the applicant / policyholder.



*If the payment recipient is not the person entitled under the contract, the following information is also required:*

**Entitled person (nat./leg. Person)**

Last name, first name/company name \_\_\_\_\_

Residential/domicile address \_\_\_\_\_

Date of birth/foundation \_\_\_\_\_

Nationality/country of domicile \_\_\_\_\_

**Entitled person (nat./leg. person)**

AHV No. 756. 

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You will find this information on your AHV insurance card or health insurance card, for example.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature

**Signature of pledgeholder (if contract is pledged)**

The pledgeholder authorises Swiss Life to remit all payments on disability to the policyholder.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of pledgeholder

\_\_\_\_\_  
(Last name and first name of the signatories)

- The payment instructions can also be confirmed in a separate letter.
- If the entitlements arising from the contract are no longer pledged, a written notification of repeal should be submitted to us.

