

Notification of incapacity to work / disability

Swiss Life Ltd
Corporate Business
P.O. Box
8022 Zurich

| | | | | |
|---|---|--|--|---|
| Employer / Employee benefits institution | Name | | | |
| | Contract | | | |
| | Group of insured persons | | | |
| Employee | Last name | | | |
| | First name | | | |
| | Insured person's no. | | | |
| | Date of birth | | Gender | <input type="checkbox"/> Man <input type="checkbox"/> Woman |
| | Street, no. | | | |
| | Post code, city | | | |
| | Telephone no. | | | |
| | E-mail address | | | |
| | Occupation and position | | | |
| | Employment level before the beginning of incapacity for work | | | |
| Is there a withholding tax liability? | | <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| Employment relationship | The employment relationship will be terminated <input type="checkbox"/> no <input type="checkbox"/> yes, on <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> | | | |
| Cause of incapacity to work / disability | <input type="checkbox"/> Illness | | <input type="checkbox"/> Accident or occupational | |
| | Type of illness / accident: <div style="border: 1px solid black; width: 400px; height: 20px; display: inline-block;"></div> | | | |
| Development of incapacity to work / disability | Degree in % | Valid from | Valid to | |
| | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | |
| | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | |
| | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | |
| | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | |
| | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | |
| | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> | |

Attendant doctors

Please give the name of the doctor who can provide information on the whole development of the illness or the accident.

Name and address

Receiving treatment since

_____._____._____

Please give the names of any other doctors or therapists involved (in the case of a hospital, please also state the department)

Name and address

Receiving treatment since

_____._____._____

_____._____._____

_____._____._____

Please enclose copies of medical certificates already received.

Early recognition

Has the federal disability insurance (IV) been notified to ensure early recognition?

☐ yes

☐ no

Name of IV-office:

Notified on:

_____._____._____

Current insurance situation

Registered with

Name and city

Reference n.

☐ Short-term disability benefit insurance

☐ Federal disability insurance

☐ Accident insurance

☐ Military insurance

☐ Unemployment insurance / other social insurance

Please enclose copies of orders and / or invoices already received.

Minor children or children in education / training

Last name

First name

Date of birth

Insured person's no. 756.

_____._____._____

Last name

First name

Date of birth

Insured person's no. 756.

_____._____._____

Last name

First name

Date of birth

Insured person's no. 756.

_____._____._____

Please include confirmation of education/training.

Comments

Signature

Employer or Employee
benefits institution

Place and date

Stamp and signature

Declaration by insured person

Release from professional and official secrecy and the right to inspect and share files

To the extent required for the administration of employee benefits (risk assessment/settlement of the actual insured event), the undersigned hereby releases the Swiss Federal Disability Insurance, Military Insurance, accident insurers, other and previous employee benefits institutions, sickness benefit and statutory short-term sick pay providers, any foreign insurers and consulting physicians from the duty to maintain professional and official secrecy in their dealings with Swiss Life and the responsible employee benefits foundations and authorises the above-mentioned institutions and persons to provide Swiss Life Ltd and the employee benefits institution – if required – with the necessary information (including medical data) and to grant them the right to inspect files. Only information actually required for the administration of employee benefits will be obtained. In addition, the undersigned consents to his/her personal details and medical data being forwarded within Swiss Life Ltd for the purpose of assessing benefits and combating insurance fraud and for the data to be forwarded to other insurers, reinsurers and experts involved.

Consent to the forwarding of data

The undersigned also agrees that his/her data may – to the extent required – be submitted to the mandated institutions for clarification and for any subsequent initiation of needs-oriented, individual assistance (care management/case management/job coaching). The undersigned further acknowledges that Swiss Life Ltd is entitled to assign data storage and processing to third parties.

The data will be handled in strict confidentiality by Swiss Life Ltd, the responsible employee benefits institution and any third parties engaged and will be used exclusively for the contractually agreed settlement of the pension or insurance contract.

Signature

Insured person

Place and date

Signature

If the information provided is incorrect, Swiss Life Ltd and the employee benefits foundations may reduce or reject benefits in accordance with the legal provisions.