

## Reporting incapacity to work

Please report any **incapacity to work that lasts (or is it expected to last) longer than 90 days** to us. This should be reported as early as possible to ensure that our re-insurer can request and verify the necessary documents from the insurers concerned in good time.

### 1. Insured person

Company

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Mr

Ms

Surname

First name

Street

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Postcode/City/Country

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Date of birth

SI number 756.

Tel. no.

E-mail

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Civil status

single

married

divorced

registered partnership

dissolved partnership

widowed

Support obligation

yes

no

### 2. Employment details

Date employment began

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Employment level (%)

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OASI annual salary at the time the incapacity to work started (annual salary x 12 or x 13) CHF

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Daily sickness allowance insurance provided by the company?

yes

no

Has the employment relationship with the company been terminated/is it due to be terminated?

yes

no

➔ If yes, from what date?

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If the insured person is leaving the company, please include the "Exit notification". A definitive exit from the pension fund can only occur once the insured person becomes able to work again, or once the federal IV body has made its decision.

### 3. Details of the incapacity to work

Reason

illness

accident

unclear

occupational illness

maternity leave

Details of condition

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Surname	First name
SI number	756.

**Previous incapacity to work**

from	to	<u>Incapacity to work</u> in %	Doctor providing treatment (name, address)

**4. Details of insurance companies involved**

Please inform us of the name and claim number (if available) for all insurance companies involved.

Accident insurance

➔ Please include a copy of your application for a daily accident allowance

Daily sickness allowance insurance

➔ Please include a copy of your application for a daily sickness allowance

Military insurance

Federal invalidity insurance

Application was made on \_\_\_\_\_

Responsible IV office: \_\_\_\_\_

➔ Please include a copy of your application for federal invalidity insurance

Other (e.g. foreign insurance companies)

➔ Please include a copy of your application

**5. Power of attorney/declaration of consent for the insured person**

For our re-insurer to perform the necessary investigations, it requires power of attorney/declaration of consent from the insured person.

Please complete the power of attorney/declaration of consent below and submit it with this form, signed by the insured person. If this is not possible, we will request the power of attorney/declaration of consent from the insured person directly.

Surname	First name
SI number	756.

## 6. Documents and enclosures

In order to notify the re-insurer of the insured person's incapacity to work, we require copies of the following documents. **Please indicate which documents you are enclosing:**

- all previous medical certificates
- application for daily accident or sickness allowance insurance
- statement of all previous daily allowance payments
- any application for federal invalidity insurance
- applications/policies with other insurance companies, if applicable
- power of attorney/declaration of consent signed by the insured person

Please note that if the information reported is not complete, this may delay processing and lead to longer wait times, e.g. for exemptions from contributions. Thank you for including all available documents with this report and for sending us a copy of any new medical certificates, daily allowance statements etc. as quickly as possible going forward.

## Comments

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Place, date

Employer's stamp and signature