

Notification of inability to work

1 Information about the contract and your employee

In order to identify you, we need the following information:

Name of the employer / foundation

Contract number

We need all of the following information about the incapacitated person:

Last name, First name

AHV no.

Date of birth

Last occupation

Street, no.

ZIP code, city, country

Private telephone

Private email

Do you have group health insurance or
accident daily allowance insurance with Zurich?

No Yes

If yes

Policy no.

Claim no.

Are other insurance bodies (daily sickness
IV, benefit insurance, Federal Accident Insurance
Institute / LAI, IV, military insurance, etc.)
involved in this claim?

No Yes

If yes

Name of the insurance body?

address

Claim no.

2 Information about the employee's inability to work

For which reason is your employee / the insured person unable to work? Illness Accident

Unable to work since

3 Comments

4 Employer's / foundations confirmation

Place, date

Employer's / foundations signature

5 What happens next?

As soon as we have received your notification, we will collect all the necessary documents and assess the entitlement to benefits. Please send the completed and signed form as well as the authorization signed by your employee / the insured person by mail or by e-mail to:

Zurich Switzerland
Scanning BVG
P.O. Box
8085 Zurich
leistungenkl@zurich.ch

Autorization

Contract number

Event of

Last name, First name

AHV no.

The undersigned person acknowledges that, in connection with benefit and claim settlement and for other purposes such as support in reintegration, Zurich Life Insurance Company Ltd (Zurich Life) processes data which refers to natural persons (personal data). Zurich's privacy policy contains more information on this processing. This privacy policy can be viewed at www.zurich.ch/en/data-protection or ordered by contacting Zurich Insurance Company Ltd, Datenschutz, P.O. Box, CH-8085 Zurich, datenschutz@zurich.ch.

Zurich Life reserves the right to share personal data – where necessary also including health data – in this connection, as well as in cases mentioned in the privacy policy, with third parties.

The undersigned person is obliged to inform third parties whose personal data they forward to Zurich Life about the processing of their personal data by Zurich Life.

Zurich Life requires information and documents in order to assess its obligation to pay an indemnity and provide the insured benefits where relevant.

The undersigned person therefore consents to

- Doctors
- Hospitals and other inpatient facilities (e.g. care homes, retirement homes)
- Employers
- Official bodies and authorities (e.g. law enforcement agencies, police, social welfare offices, and social and welfare services)
- Swiss disability insurance (DI) and/or old-age and survivor's insurance (OASI)
- Pension fund(s)
- Health insurance company(ies)
- Obligatory or private accident insurance(s)
- Military insurance
- Unemployment fund(s)
- Other participating personal lines (e.g. insurance for daily sickness benefits, life insurance, liability insurance)
- And their staff

providing Zurich Life and third parties appointed by Zurich Life with information, access to their files, including files concerning their former state of health, and copies of documents. For this purpose, the undersigned person frees the aforementioned bodies from confidentiality obligations. Zurich Life processes the information it receives in accordance with data privacy law. Further information is available at www.zurich.ch/en/data-protection.

Furthermore, the undersigned person expressly consents to Zurich Life, for the purposes of coordination with other insurers and to justify recourse, forwarding information and documents to

- The disability insurance
- The pension fund
- The obligatory or private accident insurance
- Military insurance
- Other private insurers
- Co- and reinsurers.

These consents and exemptions apply within the scope of their purpose with no time limit. They can be revoked at any time by means of a declaration in text form (e.g. email) sent to Zurich Life. A revocation is in each case only effective for the future and may result in some benefits not being provided. Even in the event of revocation, Zurich Life may continue to process personal data where such processing is legally permissible or serves overriding interests.

Place, date

Signature of the insured person

Please send the completed and signed form to:

Zurich Switzerland
Scanning BVG
P.O. Box
8085 Zurich
leistungenkl@zurich.ch