

Notification of inability to work

If one of your employees is unable to work for longer than three months as a result of sickness or an accident, Zurich will pay the premiums. If the inability to work lasts for an extended period as a result of sickness leading to disability, your employee will also be paid a disability pension as well as a disabled person's child's pension for eligible children.

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Information about the contract and your employee

We need at least one of the following three details in order to identify you:

Name of employer
Contract number
AHV number

We need all the following information about your employee:

Last name
First name
Date of birth
Street, no.
Zip code, town or city, country
Home phone number
Email
Current work

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

No

Yes

Policy no.

Claim no.

Time limit

Please notify us as soon as possible of an employee's inability to work if it exceeds the duration of three months.

Please note

Your **contract number** can be found on your pension plan or on your pension certificate.

Information about the contract and your employee (continued)

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

No

Yes

Name and address
of the insurance body

Reference no.



Inability to work ...

... refers to when someone is no longer able to carry out work due to medical reasons, to the extent that they did before they fell ill. Inability to work, therefore, always relates to the current activity.

2 Information about the employee's inability to work

For which reason is your employee unable to work?

Illness

Accident

Unable to work since



Disability ...

... refers to when someone's ability to perform their current occupation is impaired, in addition to any other occupation that they can be reasonably expected to carry out. Determination of disability is solely a matter for IV (disability insurance).

3 Comments

4 Employer's confirmation

Place, date

Employer's signature

5 What happens next?

As soon as we have received your notification, we will collect all the necessary documents and assess your entitlement to benefits.

Please send the completed and signed form as well as the authorization (power of attorney) signed by your employee by regular mail or email to:

Zurich Insurance Company Ltd
Benefits Group Life
P. O. Box
8085 Zurich
leistungenKL@zurich.ch



Do you have any questions about this form?

Benefits Group Life (phone +41 44 628 20 91) is available to answer your questions from 8 a.m. to 5 p.m. from Monday to Friday.

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Authorization

Contract number
Last name
First name
Insurance number
Event of

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

The undersigned person herewith releases

- physicians and hospitals
- employers
- public authorities and regulatory agencies (e.g. social welfare office, social security service and care service)
- obligatory Swiss old age and survivors' insurance (AHV) and disability insurance (IV)
- pension funds
- life insurance
- obligatory or private accident insurance
- unemployment funds
- other involved personal insurers (e.g. insurance for daily sickness benefits)

and their employees from their duty of confidentiality and authorizes them to give Zurich information, access to his/her files and copies of documentation. Zurich pledges to handle all information and documents received in accordance with the Data Protection Act.

In addition, the undersigned person herewith authorizes Zurich to transfer information and/or documents to

- the disability insurance
- the pension fund
- the obligatory or private accident insurance
- other liable persons or their liability insurers (to establish recourse)

Place, date	Signature of the insured person
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