

# Notification of inability to work



Early notification of inability to work is important to ensure a successful return to work for your employees. Report cases to us quickly so that we can provide you with the best possible support. In the event of prolonged inability to work due to illness or accident, Zurich will pay the premiums.

## 1 Information about the contract and your employee

Name of employer	
Contract number	
Last name	First name
Street, no.	Zip code, town or city, country
Private email	Private telephone
Date of birth	Current work

### ◀ 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.

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

No       Yes

Policy no.	Claim no.
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### ◀ Please note

In the event of prolonged inability to work, Zurich will pay the premiums. If occupational disability occurs due to illness, your employee receives a disability pension and eligible children receive a disability-linked child's pension.

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

No       Yes

Name and address of the insurance body
Reference no.

### Do you have any questions about this form?

The Vita Select customer service (phone 044 628 46 46) is available to answer your questions Monday through Friday from 8.00 a.m. to 12.00 noon and from 1.00 p.m. to 6.00 p.m.

## 2 Information about the employee's inability to work

For which reason is your employee unable to work?

- Illness  
 Accident

Unable to work since

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## 3 Comments

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## 4 Employer's confirmation

Place, date

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Employer's signature

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### ◀ Please note

**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.

**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).

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

**Vita Select Collective Foundation  
of Zurich Life Insurance  
Company Ltd  
P.O. Box  
8085 Zurich  
vitaselect@pfs.ch**

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

# Authorization



Contract number	
Last name	First name
AHV number	Event of

◀ Please note

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

◀ Please note

**Voluntary continued insurance after the age of 58 if the employment was ended by the employer:**

The continued insurance is available as either savings and risk insurance, or solely as risk insurance. All costs have to be borne by you. The registration for continued insurance must be made within three months after the employment has ended. Are you interested in continuing your insurance? Please don't hesitate to contact us – we will be glad to answer any questions you have.

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

Vita reserves the right to share personal data – 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 Vita about the processing of their personal data by Vita.

Vita 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
- 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 survivors' 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 Vita and third parties appointed by Vita 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. Vita processes the information it receives in accordance with data privacy law. Further information is available at [vita.ch/data-protection](http://vita.ch/data-protection).

In addition, the undersigned person herewith authorizes Vita to transfer information and/or 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 Vita. 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, Vita may continue to process personal data where such processing is legally permissible or serves overriding interests.

Place, date	Signature of the insured person
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Please send the completed and signed form to:

**Vita Select Collective Foundation of Zurich Life Insurance Company Ltd**  
**P.O. Box 8085 Zurich**  
**[vitaselect@pfs.ch](mailto:vitaselect@pfs.ch)**

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