



Application for Occupational Benefits Insurance

* Contract no.:

* Company:

1. Information concerning the occupational benefits scheme

1.1 Notification period

Please report to us the persons to be insured as of the date upon which they commence employment or as of the commencement of the insurance, no later than 60 days after commencement of the employment.

1.2 Risk coverage in the event of full or partial incapacity to work or earn

Persons to be insured will normally be accepted for insurance coverage provided that:

- they have full capacity to work or earn at the commencement of employment/insurance coverage;
- they are reported to Helvetia within the notification deadline, i.e. no later than 60 days after commencement of employment;

- no risk assessment must be carried out. The risk assessment will be specified by Helvetia.

Subject to these stipulations, Helvetia grants definite insurance coverage as from the intended starting date.

With the specification of a risk assessment and in all other cases (e.g. in the event of a partial incapacity to work or earn), Helvetia clarifies the state of health of the applicant. Under these circumstances, the insurance coverage will be provisional and will become definite only after notification is given by Helvetia – and, as the case may be, subject to certain provisions.

Each applicant whose degree of capacity to work or earn is greater than 30%, however, will be mandatorily insured within the scope of benefits to be insured under the LOB.

2. Personal data

*Language: g f i engl.

Police Nr. (Internal)

*Last name:

*First name:

*Date of birth:

*Street, no.:

*Zipcode, city:

*Sex: man woman

*Marital status:

(*)Date of marriage or registered partnership:

*Self-employed: Yes No

*Assumed annual salary subject OASI in CHF ¹:

*Degree of employment in %:

*Date of joining company:

(*)Commencement of insurance (if not date of joining company):

reason (for the different commencement date):

Organisational unit OU (if several):

Product categories (if several):

Employee ID No.:

3. Questions regarding the capacity of working or earning

3.1 *Is the person fully capable of working or earning? Yes No

If not, degree of incapacity of working/ earning

Application to be sent to Federal Disability Insurance

Decision of Federal Disability Insurance exists

SUVA decision exists

%

3.2 *Has the person named above received a pension from the Disability Insurance IV during the three last years?

Yes No

If so, the person may remain insured under the pension plan which provided the disability pension, and the current employer does not have any additional insurance obligation for a maximum of three years.

The above-named conditions have been acknowledged and accepted. The person listed above is hereby being reported for purposes of insurance.

Place, date

Stamp, signature of the company

Please return this form to: Your contracting office or Swisscanto Collective Foundation, Branch office, St. Alban-Anlage 26, P.O.Box 3855, 4002 Basle

¹Assumed annual salary subject to OASI in CHF: With respect to persons who are employed less than 12 months within a calendar year, the annual salary is equal to the salary the person would have received in the case of employment for an entire year. With respect to persons whose income is irregular and/or fluctuates in amount, the annual salary is equal to the salary the insured person would be expected to draw in an entire year.