

# Notification of work incapacity individual life

Policy No. \_\_\_\_\_

## 1 Information about the insured person

Last name, First name \_\_\_\_\_

Date of birth 

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Street, no. \_\_\_\_\_

ZIP code, city, country \_\_\_\_\_

Private email \_\_\_\_\_

Private telephone \_\_\_\_\_

AHV no. \_\_\_\_\_

I prefer to be contacted by email.

## 2 Occupation before the onset of inability to work

Learned occupation \_\_\_\_\_

Last occupation \_\_\_\_\_

Industry \_\_\_\_\_

full-time  part-time Hours per week: \_\_\_\_\_

self-employed  employed

Name of the employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Do you have a secondary occupation?

Yes  No

If yes, which occupation? \_\_\_\_\_

Hours per week \_\_\_\_\_

## 3 Cause of work incapacity

In case of illness:

Start 

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Type of illness \_\_\_\_\_

\_\_\_\_\_

In case of accident:

Date of accident 

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Type of injury \_\_\_\_\_

\_\_\_\_\_

### Have you been under treatment for this diagnosis before?

Yes  No

If yes, where? \_\_\_\_\_

## 4 Duration of work incapacity

### Extent and duration of work incapacity

_____ %	from	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											to	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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### Do you anticipate an increase in your work capacity?

Yes  No

If yes: \_\_\_\_\_ % per 

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## 5 Medical treatment

### Treating physicians

Name, address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment since 

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Name, address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment since 

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Name, address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment since 

--	--	--	--	--	--	--	--	--	--

Which of these physicians can provide information about the entire course of the illness or consequences of the accident?

\_\_\_\_\_

### Are there other therapists involved in the treatment?

Yes  No

If yes: name, address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6 Remarks

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## 7 Other applications

My work incapacity is also registered with

Swiss disability insurance (DI)

Benefits are admitted

\_\_\_\_\_ % since 

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Accident insurance

\_\_\_\_\_ % since 

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If yes: name, address

Reference no.

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Sickness benefits insurance

Reference no.

If yes: name, address

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Health insurance

Reference no.

If yes: name, address

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Other insurers

Reference no.

If yes: name, address

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If pension fund insured with Zurich;

Contract no.

You can make it easier for us to check your claim if you send us copies of existing doctor's reports and decisions of other insurers (DI orders, accident card, etc.).

## 8 Tax notification

The life insurance companies are obliged to report disability benefits to the Federal Tax Administration, if the annual pension exceeds CHF 500. If an objection is raised against this tax report, Zurich is obliged to pay 15% of all reportable disability benefits to the Federal Tax Administration without disclosing the name of the beneficiary.

Without your counter-report, we will make a tax declaration in the event of benefits.

## 9 Payment

The insurance benefit shall be remitted as follows:

IBAN

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Name post/bank

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Account holder

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Residential address of the account holder

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Policy no.

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Place, date

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Signature

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## 10 Declaration of the pledgee

If your policy is pledged, we require the following authorization by the pledgee for payment to the account you specify (item 9).

Please note that the disability benefits will not diminish the substance of the insurance.

The undersigned pledgee authorizes Zurich to pay all benefits due to disability to the policyholder.

Place, date

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Signature and stamp  
of the pledgee

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# Autorization

Work incapacity from \_\_\_\_\_

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](http://www.zurich.ch/en/data-protection) or ordered by contacting Zurich Insurance Company Ltd, Datenschutz, P.O.Box, CH-8085 Zurich, [datenschutz@zurich.ch](mailto: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 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 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](http://www.zurich.ch/en/data-protection).

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 written declaration 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.

Last name, first name \_\_\_\_\_

Policy no. \_\_\_\_\_

AHV no. \_\_\_\_\_

Place, date \_\_\_\_\_

## 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.

Signature of the insured person \_\_\_\_\_