

# Quote request

for transfer from Income Replacement Insurance due to Illness  
(group insurance) to health insurance for individuals (individual insurance)

## Policyholder

Mr  Ms

Last name, First name

Date of birth

Address (street no., ZIP city)

Marital status

Profession

Phone

E-mail

Previous employer

Policy no. (group insurance)

Date employment commenced with previous employer

Date employment terminated with previous employer

## Gross annual income (excluding child and family allowances)

Please enclose most recent salary statement

CHF

Do you have children for whom you are required  
to provide support?

Yes  No

## Reason for transfer

**Unemployed and entitled to receive a daily unemployment allowance**

If possible, please enclose a statement from the unemployment insurance

**New employer does not have any Income Replacement Insurance due to Illness for its employees**

We require the new employer's confirmation regarding the continuation of salary (or a copy of the corresponding regulations)

**Termination of gainful employment**

(Without registration at unemployment insurance fund)

**Newly self-employed**

Please state new income level

CHF

**Incapable of work**

Is this a case of an ongoing claim?

Yes  No

If so, state reference number:

**Unpaid leave**

from

until

## Remarks

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**Please submit the completed form to:**

Zurich Insurance Company Ltd  
Underwriting Personenversicherung Einzel und Übertritte  
P.O. Box  
8085 Zurich

or by e-mail to: [KTG\\_uebertritt@zurich.ch](mailto:KTG_uebertritt@zurich.ch)

