

Request for Quotation for Transfer from Group Income Replacement Insurance Due to Illness to Individual Insurance

Supplementary questions regarding transfer

Previous employer

Policy number of group insurance

Questions regarding transferring person

Mr Ms

Last name, First name

Date of birth

Street

Marital status

Postal Code/City

Profession

Telephone number for further enquiries

E-mail address

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.

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

Newly self-employed
Please state new income level

New employer does not have any Group 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)

Incapable of work
Is this a case of an ongoing claim? yes no

If so, state reference number

Termination of gainful employment
(Without registration at unemployment insurance fund)

Unpaid leave
from until

Remarks

Signature

City and Date

Signature

Please submit the completed form to:
Zurich Insurance Company Ltd
Underwriting Personal Insurance Private Clients
P.O. Box
8085 Zurich
or by e-mail to: KTG_Uebertritt@zurich.ch