

## Exiting Group Daily Allowance Insurance and/or UVG Supplementary Insurance

### Insured person

male  female

Date of birth

Nationality

Residence permit

Occupation

Is your place of residence abroad?

No\*  Yes

If yes, do you have a financial connection with Switzerland (e.g. wages from employment, income from self-employment)?

No  Yes

Surname, name

Street, no.

Postcode, town

Phone

E-mail

Mobile

\*Persons resident abroad and with no connection with Switzerland have no right of transfer.

When exiting a group insurance policy you have the right to transfer to a Helsana **individual daily allowance** or **individual accident insurance policy** within three months without the need to undergo a health assessment.

### Declaration of the insured person

I will leave/have left the company.

As of

My employer's group insurance policy will cease/has ceased.

As of

I am interested in continuing my insurance cover and would like a non-binding quote.

For which insurance policy/policies?

Individual daily allowance insurance  
 Individual accident insurance

I do not wish to take up my right to continue receiving insurance cover.

If so, you do not need to answer the following questions;  
**simply sign the form.**

I would like a non-binding consultation.

What's the best time to contact you?

### Further questions (only answer if you would like a quote for transferring your insurance)

1 Are you signed off work?

No  If yes, why?

Illness\*  Accident

\*For existing incapacity, the right to transfer to a daily allowance policy exists only when the case is closed.

2 Are you working?

No  Yes

If no, please attach a copy of the 1<sup>st</sup> salary statement/confirmation of the ALV if possible.

3 Are you now employed part-time by your present employer?

No  Yes

If yes, to what degree? (expressed as %)

4 Do you still work in Switzerland?

No  Yes

If yes, as

an employee  self-employed

If yes, does your new employer have Group daily allowance insurance?

No  Yes

Address of employer or company name if self-employed

Since when (with employer/self-employed)?

By signing I hereby confirm that I have been informed about my right to transfer to an individual Helsana policy. I am aware that my insurance cover from the daily allowance insurance and/or the supplementary UVG insurance policy of my employer will cease with the ending of my employment contract. I hereby confirm all details I have provided are correct to the best of my knowledge.

Date and place

Signature

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**Insured person**

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Surname, name

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Place

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**Employer details**

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Name of company

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Street, no./P.O. Box

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Postcode, town

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Contact person

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Phone

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Fax

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E-mail

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Were you in a temporary working relationship? No Yes

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If yes, please state duration or period of time

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Did you leave during your probation period? No Yes

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**Important information**

- If your current income is less than the benefit insured to date in the group contract, you can reduce the daily allowance under individual insurance in such a way that you are not over-insured. Please bear in mind that, if you later apply for it to be increased, you will have to undergo a medical examination.
- The allowance is in any case limited to the amount of the earnings shown to have been lost.

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**Should a transfer be requested, we require the following information:**

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**1** Start date at the company

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Date

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**2** Insured annual salary

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CHF

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**3** Policy no.(s)

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**Group daily allowance insurance**

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**UVG supplementary insurance**

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**4** Insured group of persons

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(description, if more than one)

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**5** For group daily allowance insurance

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Benefit

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% of salary

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Waiting period

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days

---

Date and place

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Stamp and signature

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Please fill out this form in full and return it signed to your relevant office.