The Helsana Group comprises Helsana Insurance Company Ltd, Helsana Supplementary Insurance Ltd and Helsana Accidents Ltd.

Helsana

Sickness notification

group daily allowance insurance for employees

Contract no.

1. Employer	Name and address, including postcode	Telephone Group of persons (company branch)
2. Insured person	Surname, first name, address, incl. postcode ☐ male ☐ female	Date of birth AHV number (13 digits) Nationality Telephone Language
3. Employment	Normal professional activity Vocation learnt Date of employment Employment contract terminated as of / time-limited until	☐ management ☐ skilled ☐ semi-skilled ☐ unskilled ☐ apprentice ☐ trainee ☐ unknown
4. Weekly working hours	Days Hours Normal company working hours	Level of employment ☐ regular ☐ temporary ☐ irregular ☐ shortened hours
5. Foreign employee	Subject to withholding tax? ☐ Yes ☐ No If yes, ZAR no. (or enclose copy of permit)	☐ Resident foreign nationals (B-EC) ☐ Residence permit (B) ☐ Settled foreign national (C, C-EC) ☐ Short-term residents (L, L-EC) ☐ Cross-border commuters (G, G-EC) ☐ Provisionally admitted foreigners (F) ☐ Asylum seekers (N)
6. Incapacity to work	Last day of work before incapacity to From date Until date Expected duration	☐ Illness ☐ Accident ☐ Maternity, expected date of birth Unable to work at %
7. Attending physician/ hospital	Name and address, including postcode	Date of first consultation

8. Salary (as per AHV or policy, unless otherwise agreed)

		hour (1)	day (2)	month (3)	year (4)
Basic salary (gross) before the incapacity to work occurred or, in the event of an irregular level of employment, the average of the past 12 months **(per month excluding 13th month's salary)**	CHF pro				
Cost of living bonus	CHF or %				
Piecework/commission	CHF or %				
Child benefits/family allowance	CHF or %				
Compensation for paid leave	CHF or %				
Compensation for public holidays	CHF or %				
Ex gratia payment/13th month's salary	CHF or %				
Other salary bonuses (type)	CHF or %				
Payment in kind (type)	CHF or %				

9. Payment details	☐ As before Name of account holder Postal account no. Payment to ☐ Insured ☐ Employer	Name and address of bank Bank account no. IBAN no. Bank clearing no.
10. Disability insurance	Notification for early registration filed? IV decision filed?	☐ No ☐ Yes, when ☐ No ☐ Yes, when
11. Other insurance benefits	Is the insured already entitled to daily allowance or retirement pension by means of: health insurance, SUVA or compulsory accident ins., disability ins., old-age and survivors' ins., military ins., unemployment ins., private ins.? Name of company:	☐ No ☐ Yes If yes, police no.
12. Occupational pension plan	Name of occupational pension plan insurer:	

Place and date | Stamp and signature of employer | Employee

To be sent to: Helsana Group

HEL-00139-en-0123-0006-40642

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group daily allowance insurance for employees

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12. Occupational pension plan	Name of occupational pension plan insurer:	

Place and date | Stamp and signature of employer | Employee

Copy for the employer

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