

Extended insurance coverage under UVG

Extension of insurance for non-occupational accidents Under the Federal Accident Insurance Act (UVG) of 2 March 1981

Insurance for non-occupational accidents

If you work for an employer for an average of at least eight hours a week, you have a statutory entitlement to non-occupational accident insurance. This insurance cover exists as long as you are entitled to at least 50 percent of your salary. It will end 31 days after this entitlement ceases.

Extension of insurance cover

Are you giving up your gainful employment permanently or temporarily (e.g., for unpaid leave) or reducing your level of employment to fewer than eight hours a week?

If so, you can extend your insurance cover by up to six months. This will allow you to take full advantage of the benefits provided for under the Federal Accident Insurance Act (UVG). This policy must always be taken out with the company with which your employer had concluded your previous statutory non-occupational accident insurance.

How is the policy taken and what are the costs?

1. Fill in the attached form and send us this via e-mail. To allow your payment to be processed correctly, add the following details under 'Additional information' on the QR payment slip:
 - Your details (surname first name)
 - Name of previous employer
 - Insurance duration
DD.MM.YY – DD.MM.YY

2. The premium for the desired duration of the extension of insurance is due on the date on which the non-occupational accident insurance ends, at the latest, and should be paid using the QR payment slip.
3. The premium is CHF 40 for each full month or part of a month. Example:
 - Salary entitlements ends 20 May
 - Insurance ends on 20 June
(31 days of additional coverage)
 - Extension of insurance desired until the end of September
 - Three whole months and part of a further month are payable
 - The premium amounts to a total of CHF 160. –
4. If insurance is taken out for too long a duration, the excess premiums paid will not be refunded.
5. The receipt or the confirmation of payment is valid as proof of insurance.

Other important details

Your extended coverage will lapse once you begin to work at least eight hours per week, as well as in the case of unemployment, where you will be entitled to unemployment benefits. The extension of insurance will be paused if you are covered by military insurance, i.e., during a refresher course or civil defence course. The term of the extended cover will be extended to cover the duration of this. If you did not conclude your extended insurance for six months from the outset, you can extend it to the maximum duration. The extension must, in turn, be paid for before the existing insurance extension expires.

Information

For information about extending insurance cover, contact abredeversicherung@helsana.ch

Have you had an accident?

Report the accident immediately to Helsana Accidents Ltd, 8600 Dübendorf, telephone +41 58 340 17 45 or online via [online claim report](#)

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Insured Person	First name, surname	
	Date of birth	
	Street, no.	
	Postcode, town/city	
	Country	
Correspondence address	Street, no.	
	Postcode, town/city	
	Telephone number	
	E-mail	
Previous employer	Name	
	Street, no.	
	Postcode, town/city	
Last day entitled to salary	Day, month, year	
Desired insurance duration	from	
	Maximum six moth	to
		Number of months at CHF 40. –
		Total in CHF

Please fill in the form and send it via e-mail to **abredeversicherung@helsana.ch** or to Helsana Insurance Company Ltd., Functional Support debtor management, Zürichstr. 130, 8600 Dübendorf.

Transfer the insurance premium in good time – i.e. prior to the desired start of insurance – using the QR payment slip below. Thank you!

Receipt

Account / Payable to
CH05 0900 0000 3135 0570 5
Helsana Unfall AG
Zürichstrasse 130
8600 Dübendorf

Payable by (name/address)

Currency Amount
CHF

Acceptance point

Payment part



Currency Amount
CHF

Account / Payable to
CH05 0900 0000 3135 0570 5
Helsana Unfall AG
Zürichstrasse 130
8600 Dübendorf

Additional information
name policy holder / name employer / duration of insurance DD.MM.YY - DD.MM.YY

Payable by (name/address)