

Daily allowance card group daily allowance insurance

Contract no.

1. Employer	Name and address, including postcode		Telephone	
	Group of persons (company branch)			
2. Insured person	Surname, first name, address, incl. postcode		Date of birth	AHV number (13 digits)
	Nationality		Telephone	
	<input type="checkbox"/> male <input type="checkbox"/> female		Language	
3. Employment	Normal professional activity			<input type="checkbox"/> management <input type="checkbox"/> skilled <input type="checkbox"/> semi-skilled <input type="checkbox"/> unskilled <input type="checkbox"/> apprentice <input type="checkbox"/> trainee <input type="checkbox"/> unknown
	Vocation learnt			
	Date of employment			
	Employment contract terminated as of / time-limited until			
4. Weekly working hours	Days	Hours	Normal company working hours	Level of employment
				<input type="checkbox"/> regular <input type="checkbox"/> temporary <input type="checkbox"/> irregular <input type="checkbox"/> shortened hours

Information for insured person

This daily allowance card remains with the patient. **They must present it to the physician on every visit** and submit it to the employer without delay when they resume work. In the event of prolonged incapacity to work, the daily allowance card **must be handed over to the employer at the end of each month** so that a monthly statement can be produced. This daily allowance card does not constitute an acknowledgement of the obligation to pay benefits.

Physician's observations

Illness Accident

*1 Reasonable intensity to work in % in normal activity
*2 Reasonable presence in hours in the company

Employer's observations

Date of consultation	Incapacity to work			Next incapacity to work assessment	Reasonable intensity to work *1	Reasonable duration of presence *2	Signature of physician	Signature of employer
	Degree	Valid from	Valid until					

Stamp of physician

Insured person

Contract no.

Employer's observations

In the event of hourly or daily salary: enter effective loss of working hours in hours or days in accordance with the working hours stipulated in the employment contract (cf. employment contract, GAV or LMV)

Day	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.
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Resumption of work	Date	<input type="checkbox"/> fully	<input type="checkbox"/> partially at	%
	Date	<input type="checkbox"/> fully	<input type="checkbox"/> partially at	%
Observations				

Place and date

Stamp and signature of employer
