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

Helsana

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 ☐ male ☐ female	Date of birth Nationality Language	AHV number (13 digits) Telephone
3. Employment	Normal professional activity Vocation learnt Employment contract terminated as of / time-limited until	Date of employment	☐ 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	

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

Stamp of physician

HEL-00139-en-1116-0005-37148

To be sent to insured person ➨ employer ➨ Helsana Insurance Company Ltd

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.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
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31.												

Resumption of work	Date	☐ fully	☐ partially at	%
	Date	☐ fully	☐ partially at	%

Observations

Place and date

Stamp and signature of employer