

Daily allowance card for persons with individual daily allowance insurance

Contract no.
Insured person no

ncl. persons on fixed payroll insured under the group					policy	Insured pers	Insured person no	
Insured person		Surname, first n	ame, address	, incl. postcode	Date of birth Nationality		AHV number (13 digits)	
							Telephone	
	-	⊒ male	☐ female		Language			
Information fo	r insured	person						
they resume we	ork. prolonge	d incapacity to wo	rk, a copy of the	daily allowance card	must be handed o	ver to Helsana a	it to Helsana without delay when at the end of each month so that obligation to pay benefits.	
Physician's □ Sickness		· Dt	easonable intens easonable preser	ity to work in % in non	rmal activity mpany			
Date of consultation	Incapa Degree	city to work Valid from	Valid until	Next incapacity to work assessment	Reasonable intensity to work *1	Reasonable duration of presence *2	Signature of physician	
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Stamp of ph	ysician							
Comments								