

Exiting Group Daily Allowance Insurance and/or UVG Supplementary Insurance

Insured person

male female

Date of birth

Nationality

Residence permit

Occupation

Is your place of residence abroad?

No* Yes

If yes, do you have a financial connection with
Switzerland (e.g. wages from employment, income
from self-employment)?

No Yes

*Persons resident abroad and with no connection with Switzerland
have no right of transfer.

When exiting a group insurance policy you have the right to transfer to a Helsana **individual daily allowance** or **individual accident insurance policy** within three months without the need to undergo a health assessment.

Declaration of the insured person

I will leave/have left the company.

As of

My employer's group insurance policy will
cease/has ceased.

As of

I am interested in continuing my insurance cover and
would like a non-binding quote.

For which insurance policy/policies?

Individual daily allowance insurance
 Individual accident insurance

I do not wish to take up my right to continue receiving
insurance cover.

If so, you do not need to answer the following questions;
simply sign the form.

I would like a non-binding consultation.

What's the best time to contact you?

Further questions (only answer if you would like a quote for transferring your insurance)

1 Are you signed off work?

No If yes, why?

Illness* Accident

*For existing incapacity, the right to transfer to a daily allowance policy
exists only when the case is closed.

2 Are you working?

No Yes

If no, please attach a copy of the 1st salary statement/confirmation of the
ALV if possible.

3 Are you now employed part-time by your present
employer?

No Yes

If yes, to what degree? (expressed as %)

4 Do you still work in Switzerland?

No Yes

If yes, as

an employee self-employed

If yes, does your new employer have Group daily
allowance insurance?

No Yes

Address of employer or company name
if self-employed

Since when (with employer/self-employed)?

By signing I hereby confirm that I have been informed about my right to transfer to an individual Helsana policy. I am aware that my insurance
cover from the daily allowance insurance and/or the supplementary UVG insurance policy of my employer will cease with the ending of my
employment contract. I hereby confirm all details I have provided are correct to the best of my knowledge.

Date and place

Signature

Insured person

Surname, name

Place

Employer details

Name of company

Street, no./P.O. Box

Postcode, town

Contact person

Phone

Fax

E-mail

Were you in a temporary working relationship? No Yes

If yes, please state duration or period of time

Did you leave during your probation period? No Yes

Important information

– If your current income is less than the benefit insured to date in the group contract, you can reduce the daily allowance under individual insurance in such a way that you are not over-insured. Please bear in mind that, if you later apply for it to be increased, you will have to undergo a medical examination.

– The allowance is in any case limited to the amount of the earnings shown to have been lost.

Should a transfer be requested, we require the following information:

1 Start date at the company

Date

2 Insured annual salary

CHF

3 Policy no.(s)

Group daily allowance insurance

UVG supplementary insurance

4 Insured group of persons

(description, if more than one)

5 For group daily allowance insurance

Benefit

% of salary

Waiting period

days

Date and place

Stamp and signature

Please fill out this form in full and return it signed to your relevant office.