

## Quotation order form for daily allowance insurance (KTG)

Order date \_\_\_\_\_

### 1 Customer's data

Company	_____
Telephone	Street, no. _____
Legal form	Postcode, town _____
Founding year	Sector/activity _____
Under collective employment contract	<input type="checkbox"/> No <input type="checkbox"/> Yes, name of association _____
Occupational pension plan with	<input type="checkbox"/> SwissLife <input type="checkbox"/> Swisscanto _____

### 2 Contract data of former insurer

Former insurer	<input type="checkbox"/> No <input type="checkbox"/> Yes, name of company _____	Policy no. _____
End of contract	Reason for annulment _____	Date _____

### 3 Claims history

Claims in the last 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes (request to previous insurer through Helsana. Processing deadline 10 working days.) _____
Pending claims	<input type="checkbox"/> No <input type="checkbox"/> Yes (commencement, expected duration, degree of occupational incapacity in %) _____

### 4 Contract data KTG

**Commencement of contract with Helsana**

Date \_\_\_\_\_

**Employees**

Number of men	AHV salary CHF _____
Number of women	AHV salary CHF _____
Cover	<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
Waiting period in days	<input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> other days
Duration of benefits	<input type="checkbox"/> 730 days per claim (VVG), coordinated with BVG <input type="checkbox"/> 730 days within 900 days (VVG) <input type="checkbox"/> 720 days within 900 days (KVG)

Birth allowance  No  Yes, as a complement to maternity allowance according to EOG (Federal Law on Income Compensation)

Duration of benefits  14 weeks (only VVG)  16 weeks

Please see next page

**Owner/employed family members**

1 Surname, first name

Date of birth Gender  male  female

Fixed salary sum/benefit CHF (100%)

2 Surname, first name

Date of birth Gender  male  female

Fixed salary sum/benefit CHF (100%)

Illness

Waiting period in days  14  21  30  60  90

Accident

Duration of benefits  730 days per claim (VVG), coordinated with BVG  
 730 days within 900 days (VVG)  
 720 days within 900 days (KVG)

Comments

**Person ordering the quotation**

Name Company

Telephone Email

**Receiving centre**

(General Agency, email address of General Agency, fax no.)