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

Helsana

Sickness and accident notification for insured persons with individual daily allowance insurance

incl. persons on fixed payroll insured under the group policy

Contract no. _____

Insured person no. _____

1. Insured person	Surname, first name, address, incl. postcode	Date of birth	AHV number (13 digits)
		Nationality	Telephone
	☐ male ☐ female	Language	
2. Activity	Prevailing professional activity Vocation learnt	Date of employment	
	Employment contract terminated as of time-limited until	☐ Employed ☐ Unemployed ☐ Self-employed ☐ Housewife/husbehusband ☐ Not gainfully employed / retired	
3. Incapacity to work	From date Until date Expected duration	☐ Sickness ☐ Accident ☐ Maternity, expected date of birth	
4. Attending physician/ hospital	Name and address, including postcode		
5. Payment details	Name of accountholder	Name and address of bank	
	Postal account no.	Bank account no.	
	IBAN no.	Bank clearing no.	
	Payment to (only insured persons in group policy) ☐ Insured person ☐ Employer		
6. Other insurance benefits	Are you / is the insured person already entitled to daily allowance or retirement pension by means of: health insurance, SUVA or compulsory accident insurance, disability insurance, old-age and survivors' insurance, military insurance, unemployment insurance, private insurance? ☐ No ☐ Yes If yes, policy no.	Name of company	
7. Occupational pension plan	Name of occupational pension plan insurer		
8. Disability insurance	Notification for early registration filed? IV decision filed?	☐ No ☐ Yes, when _____ ☐ No ☐ Yes, when _____	
9. Proof of loss of income	**Please fill out the next page.**		

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Goes to: Helsana Insurance Company Ltd

Self-employed persons and company owners on fixed payroll	Sector	Legal form	Number of employees
	In the event of incapacity to work, does the business have to be closed? ☐ Yes ☐ No		
	If not, does your incapacity to work cause additional costs or losses of turnover? ☐ Yes ☐ No		
	If yes, why?		
			CHF /month
			CHF /month
	Please enclose a copy of the profit and loss statement of the last accounting year.		

Unemployed persons	**Please enclose a copy of the last unemployment insurance statement.**

Employed persons	**Please fill out the next page (or have it filled out by your employer) and have it signed by your employer.**

Place and date

Signature of insured person

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		Nationality	Telephone
	☐ male ☐ female	Language	

Employed persons
Incl. family members working on fixed payroll

	%	CHF/hour	CHF/day	CHF/month	CHF/year
Basic salary (gross)					
Cost of living bonus					
Piecework / commission					
Child benefits / family allowance					
Compensation for paid leave					
Compensation for public holidays					
Ex gratia payment / 13th month's salary					
Other salary bonuses (type)					
Payment in kind (type)					

Weekly working hours

Days _____ Hours _____ Normal company working hours _____

Level of employment

☐ regular ☐ temporary
☐ irregular ☐ shorened hours

Income you receive / the employed person receives during the incapacity to work

☐ Continued payment of salary according to working contract

from _____ until _____ % _____ CHF _____

from _____ until _____ % _____ CHF _____

☐ Benefits from group daily allowance insurance

from _____ until _____ % _____ CHF _____

Is the income subject to withholding tax?

☐ Yes ☐ No

If yes, CEMIS no. (or enclose copy of permit) _____

Please enclose a copy of the last three payroll accountings.

Place and date

Stamp and signature of employer

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