

Edition 2008

Supplementary Insurance Conditions (ZVB) SALARIA Daily Allowance Insurance

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Translation: Only the original German text approved by the Swiss Supervisory Authority is binding.

1 Purpose

SALARIA Daily Allowance Insurance covers proven loss of income caused by incapacity to work due to illness or accident up to the amount of the insured daily allowance.

2 Insured benefits

The insured benefits are defined in the policy according to Section 5.2 AVB (General Insurance Conditions).

3 Definitions

- 3.1 Incapacity to work is the full or partial inability to perform an acceptable form of employment in a person's existing job or area of activity due to impairment to physical, mental or psychological health. In the event that the incapacity to work is of long duration, an acceptable form of employment in another profession or area of activity shall also be taken into consideration.
- 3.2 Occupational disability is the full or partial loss of the ability to earn any income in a stable employment situation due to impairment of physical, mental or psychological health, and which continues after appropriate treatment and rehabilitation.

4 Reduction, termination and expiry of insurance

- 4.1 By way of derogation from the termination provisions according to Section 10 AVB, the insured person and the insurer may reduce the existing daily allowance insurance in writing effective as of the end of the month in cases where overinsurance is likely to be permanent.
- 4.2 The daily allowance insurance ceases automatically if the maximum period of benefits has been reached or if the insured person is no longer carrying out any form of gainful employment.
- 4.3 Insured persons who are still employed and fully able to work after reaching the official AHV retirement age can apply to retain their existing insurance cover until completing their 70th year of age. The daily allowance insurance shall expire no later than this point in time. For persons of official AHV retirement age, all agreed waiting periods shall be reduced to a maximum of 30 days.
- 4.4 Insured persons who are unemployed can convert their existing daily allowance insurance, at the previous amount, into insurance cover with a 30-day waiting period, regardless of their state of health. All requests must be submitted within three months of their becoming unemployed.

5 Eligibility for benefits

- 5.1 The daily allowance will be paid out when there is a certified incapacity to work of at least 25%.
- 5.2 The insured person must provide proof of loss of income. No entitlement exists in the case of failure to submit proof of loss of income.

6 Obligations in the event of a claim

- 6.1 For insurance covers with waiting periods of between 0 and 10 days, the insured person must report their incapacity to work to the insurer within 15 days of the start of the incapacity to work. In the case of waiting periods of 11 days or longer, the insurer must receive notification within 35 days of the start of the incapacity to work. A doctor's certification of incapacity to work must be submitted within three days of notification of illness. If notification is inexcusably late, entitlement to insured benefits will commence on receipt of the notification at the earliest.
- 6.2 The insured person may not prevent expiry of their entitlement to daily allowance insurance by waiving receipt of benefits.
- 6.3 If the insured person fully or partially regains the capacity to work, the insurer must be immediately notified of the start of employment and the degree of the capacity to work.

7 Waiting periods and start of benefits

- 7.1 The obligation to provide benefits begins after expiry of the waiting period agreed in the policy. The waiting period begins on the day on which the incapacity to work is confirmed by a doctor, but at the earliest three days before commencement of medical treatment.
- 7.2 The agreed waiting period will only be calculated once within a 365-day period. If the incapacity to work resulting from the same illness or the same accident lasts longer than 365 days, no new waiting period will be calculated.

8 Period of benefits

- 8.1 The waiting period will be taken into account for the agreed period of benefits.
- 8.2 Days of partial incapacity to work are counted as full days.
- 8.3 Recurrence of an illness or the consequences of an accident are treated as new claims with regard to the period of benefits and the waiting period if the insured person was not unable to work because of this illness or the consequences of this accident for at least 12 months before the relapse. If the relapse takes place within 12 months, the waiting period is waived and benefits already paid out are taken into account when calculating the maximum period of benefits.

9 Partial incapacity to work

- 9.1 As a general rule, the daily allowance will be paid out proportionally to the degree of the incapacity to work where partial incapacity to work has been confirmed by a doctor.
- 9.2 For unemployed persons within the meaning of Art. 10 AVIG (Federal Unemployment Insurance Act), the provisions of Art. 100 para. 2 VVG (Federal Act on Insurance Contracts) shall apply.

10 Profits from insurance and overcompensation

- 10.1 All benefits which exceed full cover of the insured person's loss of income are deemed to be profit. This excludes benefits from fixed-sum, capital and pension insurance policies concluded as part of a freely selectable pension plan.
- 10.2 The entitlement to a daily allowance shall only exist to the extent that the insured person does not accrue any profit from the insurance (property/casualty insurance).
- 10.3 The daily allowances are provided subsequent to benefits from social insurance – including voluntary daily allowance insurance as provided for by the Federal Health Insurance Act (KVG) – and insurance policies pursuant to the Occupational Retirement, Survivors' and Disability Pensions Act (BVG).
- 10.4 When providing benefits as a disability pension, the insurer requests reimbursement directly from the Federal Disability Insurance as of the date on which the pension starts. The amount of this reimbursement corresponds to the amount of overcompensation as per Section 10.3. If the insured person has a daily allowance insurance policy for illness or accident with a private insurance company, the insurer will provide the daily allowance proportionally.

11 Maternity

- 11.1 Maternity benefits are not insured for maternity within the meaning of AVB 7.2.
- 11.2 The obligation to provide benefits in the event of illness or accident shall be suspended for eight weeks after the birth. If the insured person refrains from employment for a longer period at her own wish, the obligation to provide benefits will be suspended until she resumes employment.

12 Claims abroad

- 12.1 In the event of incapacity to work while abroad, daily allowances can only be claimed during the period of hospitalisation.
- 12.2 No benefits will be provided if the insured person goes abroad for treatment, care or childbirth without the insurer's consent.
- 12.3 If an insured person who is unable to work leaves Switzerland temporarily without informing the insurer (e.g. on holiday), they will lose the entitlement to insurance benefits until returning to Switzerland. The number of days spent abroad shall in all cases be taken into account for the period of benefits.

13 Benefits after reaching official AHV retirement age

Insured persons who are receiving an AHV retirement pension when a claim occurs shall be subject to a period of benefits totalling 180 calendar days instead of the period of benefits specified in the policy.