

Sickness notification group daily allowance insurance for employees

Contract no.

1. Employer	Name and address, including postcode _____ _____ _____	Telephone _____	Group of persons (company branch) _____			
2. Insured person	Surname, first name, address, incl. postcode _____ _____	Date of birth _____	AHV number (13 digits) _____			
	<input type="checkbox"/> male <input type="checkbox"/> female	Nationality _____	Telephone _____			
	Language _____					
3. Employment	Normal professional activity <input type="checkbox"/> Vocation learnt <input type="checkbox"/>	Date of employment _____	<input type="checkbox"/> management <input type="checkbox"/> skilled <input type="checkbox"/> semi-skilled <input type="checkbox"/> unskilled <input type="checkbox"/> apprentice <input type="checkbox"/> trainee <input type="checkbox"/> unknown			
	Employment contract terminated as of / time-limited until _____					
4. Weekly working hours	Days _____	Hours _____	Normal company working hours _____	Level of employment <input type="checkbox"/> regular <input type="checkbox"/> temporary <input type="checkbox"/> irregular <input type="checkbox"/> shortened hours		
5. Foreign employee	Subject to withholding tax? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, ZAR no. (or enclose copy of permit) _____	<input type="checkbox"/> Resident foreign nationals (B-EC)	<input type="checkbox"/> Residence permit (B)			
		<input type="checkbox"/> Settled foreign national (C, C-EC)	<input type="checkbox"/> Short-term residents (L, L-EC)			
		<input type="checkbox"/> Cross-border commuters (G, G-EC)	<input type="checkbox"/> Asylum seekers (N)			
		<input type="checkbox"/> Provisionally admitted foreigners (F)				
6. Incapacity to work	Last day of work before incapacity to work From date _____ Until date _____ Expected duration _____	<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Maternity, expected date of birth _____	Unable to work at _____ %			
7. Attending physician/hospital	Name and address, including postcode _____ _____	Date of first consultation _____				
8. Salary (as per AHV or policy, unless otherwise agreed)	Basic salary (gross) before the incapacity to work occurred or, in the event of an irregular level of employment, the average of the past 12 months (per month excluding 13th month's salary)	CHF pro	hour (1)	day (2)	month (3)	year (4)
	Cost of living bonus	CHF or %	_____	_____	_____	_____
	Piecework/commission	CHF or %	_____	_____	_____	_____
	Child benefits/family allowance	CHF or %	_____	_____	_____	_____
	Compensation for paid leave	CHF or %	_____	_____	_____	_____
	Compensation for public holidays	CHF or %	_____	_____	_____	_____
	Ex gratia payment/13th month's salary	CHF or %	_____	_____	_____	_____
	Other salary bonuses (type)	CHF or %	_____	_____	_____	_____
	Payment in kind (type)	CHF or %	_____	_____	_____	_____
9. Payment details	<input type="checkbox"/> As before Name of account holder _____ Postal account no. _____ Payment to _____ <input type="checkbox"/> Insured <input type="checkbox"/> Employer	Name and address of bank _____ _____ Bank account no. _____ IBAN no. _____ Bank clearing no. _____				
10. Disability insurance	Notification for early registration filed? <input type="checkbox"/> No <input type="checkbox"/> Yes, when _____ IV decision filed? <input type="checkbox"/> No <input type="checkbox"/> Yes, when _____					
11. Other insurance benefits	Is the insured already entitled to daily allowance or retirement pension by means of: health insurance, SUVA or compulsory accident ins., disability ins., old-age and survivors' ins., military ins., unemployment ins., private ins.? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, police no. _____ Name of company _____					
12. Occupational pension plan	Name of occupational pension plan insurer _____					

Place and date

Stamp and signature of employer

Employee

To be sent to Helsana Insurance Company Ltd