

Daily allowance card for persons with individual daily allowance insurance incl. persons on fixed payroll insured under the group policy

Contract no.	_____
Insured person no.	_____

Insured person	Surname, first name, address, incl. postcode	Date of birth	AHV number (13 digits)
	_____	_____	_____
	_____	Nationality	Telephone
	_____	_____	_____
	<input type="checkbox"/> male <input type="checkbox"/> female	Language	_____

Information for insured person

This daily allowance card remains with the patient. They must present it to the physician on every visit and submit it to Helsana without delay when they resume work.

In the event of prolonged incapacity to work, a copy of the daily allowance card must be handed over to Helsana at the end of each month so that a monthly statement can be produced. This daily allowance card does not constitute an acknowledgement of the obligation to pay benefits.

Physician's observations

- Sickness Accident
 *1 Reasonable intensity to work in % in normal activity
 *2 Reasonable presence in hours in the company

Date of consultation	Incapacity to work			Next incapacity to work assessment	Reasonable intensity to work *1	Reasonable duration of presence *2	Signature of physician
	Degree	Valid from	Valid until				

Stamp of physician

Comments
