

Notification of incapacity for work

(Please submit the form on expiry of the waiting period specified in the Regulations)

Collective insurance

Contractual partner: GEMINI Collective Foundation
Company name: _____
Contact person: _____ E-Mail: _____

Insured person

Last name: _____ First name: _____
Street, no.: _____ Post code, city: _____
D.o.b., sex: _____ / _____ / _____ male female
Social insurance number 756. _____ language: de fr it en
Civil status single married divorced widowed
civil union dissolved civil union

Dependent minors or children in education?

Last name:	First name:	Date of birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Incapacity for work

Start of incapacity for work _____ / _____ / _____ at _____ % until _____ / _____ / _____
_____ / _____ / _____ at _____ % until _____ / _____ / _____

Cause illness accident maternity

Medical condition _____

Attending doctor

Last name, first name, specialisation _____

Address _____

Insurance carrier

Registered with sickness daily allowance ins. accident insurance
 Federal Disability Insurance Federal Military Insurance

Name of company(ies) 1 _____
2 _____
3 _____

Is the employment relationship being terminated? yes no If so, when: _____

If your employment will be terminated, please forward the notification of departure. The notification can be obtained online at Customer service/forms.

Please also complete the next page.

Documents

Please forward the following documents to the GEMINI Collective Foundation as soon as possible:

- Statements (photocopies) of sickness daily allowances / daily accident benefits as of the start of the benefit payments (mandatory).** Please also ensure that all further statements will be continually forwarded to the GEMINI Collective Foundation without further request.

- Doctor's certificate**

GEMINI Collective Foundation and ZURICH shall process the case as soon as the above documents have been submitted.

Comments

Employer / pension scheme

Place, date

Stamp and signature

Authorisation

The insured person hereby authorises GEMINI Collective Foundation and ZURICH to use the data required for claims processing for the purpose of determining the risk benefits. Where necessary, the data shall be transmitted to third parties for processing, in particular co-insurance, re-insurance and other insurance companies and case managers.

The insured person hereby authorises medical staff and their assistants to provide GEMINI Collective Foundation and ZURICH upon request with the data necessary to process the respective claim and also expressly releases such persons from their duty to maintain secrecy.

GEMINI Collective Foundation and ZURICH are hereby authorised to obtain information from employers, authorities, in particular IV (disability insurance) offices, occupational pension schemes, health insurance companies, UVG (accident insurance) companies, unemployment insurance funds, other social and private insurance companies and case managers, or to inspect such information. The insurance carrier allowing inspection of its documents is hereby authorised to provide GEMINI Collective Foundation and ZURICH with copies of the files required for claims processing without further request.

The insured person hereby authorises GEMINI Collective Foundation and ZURICH to transfer data to the responsible IV office, pension fund or other social or private insurance companies involved. Furthermore, in the case of recourse to liable third parties or their liability insurance companies, the insured person authorises GEMINI Collective Foundation and ZURICH to provide such parties and insurance companies with the data required to assert the claim for recourse.

Authorisation by the insured person is not dependent on the provision of benefits.

GEMINI Collective Foundation and ZURICH hereby undertake to treat all information in compliance with the data protection regulations and to exercise particular care in the processing of personal data.

Declaration

The insured person hereby confirms that the information given herein is both correct and complete.

Place, date

Signature of the insured person

Address for service Confidential, GEMINI Collective Foundation, c/o Avadis Vorsorge AG, Zollstrasse 42, P.O. Box 1077, 8005 Zurich

Phone number If you have any questions, please contact the benefit services department on the following phone number: 058 585 21 03