

Application for Occupational Benefits Insurance (LOB)

*Contract no.: _____

*Company: _____

Street, no.: _____

Zipcode, city: _____

Please fill out all pages and sign.

Policy no. (Internal) *Last name: _____ *First name: _____

*Street, no.: _____ *Zipcode, city: _____

*Date of birth: _____ Nationality: _____ *Marital status: _____

(*Date of marriage or registered partnership: _____ *Sex: m f

*With maintenance obligation: Yes No *Employment: full-time seasonal part-time;

*Degree of empl. %: _____ *Date of joining company: _____ *100% capacity to work or earn²: Yes No

Commencement of insurance (if not date of joining company): _____ *Language: G F I E

*Self-employed: *Assumed annual salary subject OASI in CHF¹: _____ Organisational unit: _____

*Product categories (if several): _____

Policy no. (Internal) (*)Last name: _____ First name: _____

Street, no.: _____ Zipcode, city: _____

Date of birth: _____ Nationality: _____ Marital status: _____

Date of marriage or registered partnership: _____ Sex: m f

With maintenance obligation: Yes No Employment: full-time seasonal part-time;

Degree of empl. %: _____ *Date of joining company: _____ 100% capacity to work or earn²: Yes No

Commencement of insurance (if not date of joining company): _____ Language: G F I E

*Self-employed: *Assumed annual salary subject OASI in CHF¹: _____ Organisational unit: _____

Product categories (if several): _____

Policy no. (Internal) (*)Last name: _____ First name: _____

Street, no.: _____ Zipcode, city: _____

Date of birth: _____ Nationality: _____ Marital status: _____

Date of marriage or registered partnership: _____ Sex: m f

With maintenance obligation: Yes No Employment: full-time seasonal part-time;

Degree of empl. %: _____ *Date of joining company: _____ 100% capacity to work or earn²: Yes No

Commencement of insurance (if not date of joining company): _____ Language: G F I E

*Self-employed: *Assumed annual salary subject OASI in CHF¹: _____ Organisational unit: _____

Product categories (if several): _____

¹ Assumed annual salary subject to OASI in CHF: With respect to persons who are employed less than 12 months within a calendar year, the annual salary is equal to the salary the person would have received in the case of employment for an entire year. With respect to persons whose income is irregular and/or fluctuates in amount, the annual salary is equal to the salary the insured person would be expected to draw in an entire year.

² If capacity to work or earn is NOT 100%: With respect to each person whose capacity to work or earn is not 100% resulting from accident or illness (including, in particular, persons drawing disability pensions under the Federal Disability Insurance IV), the supplementary information requested on page 2 must be completed.

1 Information concerning the occupational benefits scheme

1.1 Notification period for employees to be insured

Please report to us the persons to be insured as of the date upon which they commence employment or as of the commencement of the insurance, but no later than 60 days after commencement of the employment.

Subject to these stipulations, Helvetia grants definite insurance coverage as from the intended starting date.

1.2 Risk coverage in the event of full or partial incapacity to work or earn

Persons to be insured will normally be accepted for insurance coverage provided that:

- they have full capacity to work or earn at the commencement of employment/insurance coverage;
- they are reported to Helvetia within the notification deadline, i.e. no later than 60 days after commencement of employment;
- no medical assessment must be carried out. The medical assessment will be specified by Helvetia.

With the specification of a medical assessment and in all other cases (e.g. in the event of a partial incapacity to work or earn), Helvetia clarifies the state of health of the applicant. Under these circumstances, the insurance coverage will be provisional and will become definite only after notification is given by Helvetia – and, as the case may be, subject to certain provisions.

Each applicant whose degree of capacity to work or earn is greater than 30%, however, will be mandatorily insured within the scope of benefits to be insured under the LOB.

2 Supplementary information concerning persons who are not fully capable of working or earning

Last name, first name	Degree of capacity to work or earn (in %)	Application to be sent to Federal Disability Insurance	Decision of Federal Disability Insurance exists	SUVA decision exists
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The above-named conditions have been acknowledged and accepted. All persons listed on page 1 are reported for purposes of insurance.

Place, date

Stamp, signature of the company

Please return this form to:

Helvetia Swiss Life Insurance Company Ltd, P.O. Box 3855, 4002 Basle