



Suspension of Work/ Resumption of Work

See notes on page 2 for the terms «Annual salary», «Notification of resumption of work», «New applicant» and «Definite departure» on page 2.

*Contract no.: _____

Category
(if more than one exists): _____

*Company: _____

Street, no.: _____

Zipcode, city: _____

*Policy no.: _____

*Last name: _____

*First name: _____

*Street, no.: _____

*Zipcode, city: _____

Date of suspension of work: _____

Date of resumption of work: _____

Assumed annual salary in CHF subject to OASI:

*Full capacity to work: Yes No

(*)Policy no.: _____

Last name: _____

First name: _____

Street, no.: _____

Zipcode, city: _____

Date of suspension of work: _____

Date of resumption of work: _____

Assumed annual salary in CHF subject to OASI:

Full capacity to work: Yes No

(*)Policy no.: _____

Last name: _____

First name: _____

Street, no.: _____

Zipcode, city: _____

Date of suspension of work: _____

Date of resumption of work: _____

Assumed annual salary in CHF subject to OASI:

Full capacity to work: Yes No

(*)Policy no.: _____

Last name: _____

First name: _____

Street, no.: _____

Zipcode, city: _____

Date of suspension of work: _____

Date of resumption of work: _____

Assumed annual salary in CHF subject to OASI:

Full capacity to work: Yes No

The conditions on page 2 of this form have been acknowledged and accepted.

<p>We report the suspension of work on the part All of the part of the persons listed above.</p> <p>_____</p> <p>Place, date</p> <p>_____</p> <p>Stamp, signature of the company</p>	<p>We report the resumption of work on the part All of the part of the persons listed above.</p> <p>_____</p> <p>Place, date</p> <p>_____</p> <p>Stamp, signature of the company</p>
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* mandatory fields must be completed

Annual salary

The salary that the insured person would have earned in the case of employment for an entire year is deemed to be the salary subject to OASI.

Notification of resumption of work

This report can be made by supplementing the columns «Date», «Resumption of Work», «Salary» and «Work Capacity» on a copy of the form used for reporting the Suspension of Work. The form is to be signed in the column «Resumption of Work».

New applicants

Persons who are not employed for an entire year are to be reported by means of the form «Application for Occupational Benefits Insurance».

Definite departure

In the event that a person who is not employed for an entire year leaves the company permanently, this is to be reported on the form «Termination of Employment».

1 Notification period

Please notify us immediately of cases of suspension or resumption of work of persons to be insured, but no later than 60 days after the suspension or resumption of work.

2 Assumption of risk in the event of full/partial incapacity to work

Normally persons to be insured will be accepted for insurance subject to the following three conditions:

- they are fully capable of working at the time of the resumption of employment/commencement of insurance
- they are reported to Helvetia within the prescribed period, i.e., no later than 60 days after the resumption of work
- no special risk assessment must be carried out. The carrying out of the risk assessment shall be determined by Helvetia.

Subject to the above-named conditions, Helvetia grants definite insurance coverage as from the notified starting date.

In connection with the determination of a special risk assessment and in all other cases (e.g., in the event of a partial incapacity to work), Helvetia shall clarify the state of health of the applicant. Under these circumstances, the insurance coverage will be provisional and will become definite only after corresponding notice is given by Helvetia – and, as the case may be, subject to certain provisions.

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

Please return this form to:

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