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Compulsory Accident Insurance

pursuant to the Federal Law of 20 March 1981 (UVG)

Information sheet
for employees
– upon leaving the company
– at termination of the non-occupational accident insurance

1. Insurance on agreement

Employees who are mandatorily insured against non-occupational accidents may, subject to a special agreement, prolong this insurance for at most six consecutive months beyond the end of the mandatory insurance. Non-occupational accident insurance ends on the 31st day after the date on which entitlement to at least half the earnings lapses. Earnings also include income that replaces wage payment, such as daily allowance payments from health and accident insurance. The insurance on agreement grants the same benefits as the mandatory non-occupational accident insurance and has to be concluded – by payment of the corresponding premium – before the later expires. Pre-printed payments slips can be obtained from the employer or at any AXA agency.

During entitlement to unemployment benefits, during waiting periods and at times when work is suspended, employees remain mandatorily insured with SUVA. Within 31 days after entitlement to unemployment benefits lapses, they can conclude an insurance on agreement with SUVA.

2. Notification to the health insurer

The Federal Law on Health Insurance (KVG) also foresees benefits in the case of accident, provided the accident is not covered by another insurance. Employees who enjoy mandatory occupational and non-occupational accident insurance are entitled to suspend their accident insurance provided for in the KVG and benefit from a corresponding reduction in health insurance premiums. If employment or non-occupational accident insurance is terminated, employees who have suspended the accident coverage in their health insurance are obliged to notify their health insurer of the end of full UVG accident coverage within one month of receiving this information sheet. Upon request of the health insurer this entitlement of suspension is also valid for the insurance on agreement.

▲ Copy for the employee

▼ Copy for the company

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Confirmation

I hereby confirm that I have been informed in writing on the possibility of an insurance on agreement, and on the obligation of notifying my health insurer.

Surname

First name

Date

Signature

Name of insured company

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