



# How an insurance case progresses

<b>1. Notification</b>	<b>The employer notifies AXA of the incapacity for work of an employee due to illness.</b>	
<b>2. Confirmation</b>	<b>Employer:</b> The employer receives confirmation within 2–5 days including information about <ul style="list-style-type: none"><li>• the contact person;</li><li>• the reference number</li></ul>	<b>Employee:</b> The employee receives confirmation within 2–5 days including information about <ul style="list-style-type: none"><li>• the contact person;</li><li>• authorization for signing;</li><li>• contact by AXA;</li><li>• the benefits review;</li><li>• the reference number</li></ul>
<b>3. Initial clarification</b>	<b>AXA checks:</b> <ul style="list-style-type: none"><li>• Has the notification been completed in full and is a medical certificate available?</li><li>• Does the insurance cover the illness?</li><li>• Have the salary components been correctly communicated?</li></ul>	<b>If necessary, AXA contacts the employee by phone:</b> <ul style="list-style-type: none"><li>• Diagnosis</li><li>• State of recovery</li><li>• Treatment</li><li>• Workplace</li><li>• Impairments</li><li>• Prognosis</li></ul>
<b>4. Further clarifications</b>	Once the sickness notification and the medical certificate are available, and the incapacity for work has ended, no further clarifications are necessary.	<b>If additional clarifications are necessary,</b> <ul style="list-style-type: none"><li>• AXA obtains the report from the treating physician;</li><li>• AXA's medical service examines, for example, whether incapacity for work exists or whether there are any other activities the employee could perform.</li></ul>
<b>5. In case of ongoing incapacity for work</b>	<b>Disability insurance:</b> If necessary, the employee is requested at an early stage to register with the disability insurer (IV). The focus is on a return to work with disability insurance support. Registration does not necessarily mean that a pension will be drawn later.  <b>Care management:</b> If required, a personal interview takes place between the employee and an AXA specialist in order to clarify in detail the entitlement to benefits and the incapacity for work. If necessary, you will also be asked to attend.	
<b>6. Benefits and billing</b>	<b>No further clarifications:</b> Payment of benefits takes place within 2 weeks.	<b>Further clarifications:</b> Duration 1–3 months. AXA carries out all clarifications as fast as possible. Sometimes waiting periods arise in the collaboration with other parties over which AXA has no influence.

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- 7. Data processing and data disclosure:**
- The insurance carrier and controller for data processing is AXA, General-Guisan-Strasse 40, P. O. Box 357, 8401 Winterthur.
  - To clarify the service obligation, the following types of data and data categories are processed: customer data, application data, contractual data, payment data and claims data including health and salary data.
  - The aim of data gathering and processing is to ensure that claims are processed correctly.
  - The claims data must be retained for at least ten years after the claim has been settled.
  - AXA is authorized to obtain and process the aforementioned data for contract handling purposes. The insured must release their attending doctor from non-disclosure obligations toward AXA in connection with an insured event.
  - Data are also disclosed to third parties (such as other involved insurance companies and external experts etc.) if AXA was authorized to disclose data or if there is a legal obligation or overriding interest to do so.
  - The health data gathered about the insured are not disclosed to the policyholder or employer. However, we do inform the latter about our decisions and give them the information they need to coordinate their service obligation, assess suitability in the employment relationship or perform the employment contract.
  - To simplify administrative procedures, AXA Group companies operating in Switzerland and the Principality of Liechtenstein grant each other access to the following data: master data, basic contractual data, claims summary and customer profiles. There is no automatic reciprocal access to health or claims data without specific authorization.

This process applies to more than 80% of cases of illness; differences in individual steps or timing are possible.