



# Notification of incapacity for work

Contract no.\* ..... / .....

**Employer** Name and address\*

.....  
Contact person\*

.....  
Email address\*

.....  
Telephone no.\*

**Insured**

.....  
Last name\*

.....  
First name\*

.....  
Insurance number\*

.....  
Street\*

.....  
Postcode and town\*

.....  
Date of birth\*

.....  
Marital status

.....  
Private email address\*

.....  
Language\*

.....  
Occupation by training

.....  
Occupation/function performed

.....  
Telephone no.\*

**Incapacity for work**

.....  
Incapacitated since\*

.....  
☐ Sickness\*

.....  
☐ Accident/occupational disease\*

.....  
☐ Pregnancy/pregnancy complications\*

.....  
☐ No daily benefits insurance\*

.....  
☐ No daily benefits insurance\*

.....  
☐ Diagnosis\* (If unknown, please indicate)

.....  
☐ Diagnosis\* (If unknown, please indicate)

.....

.....

**Other information** Name and address of the daily benefits insurer\* (or include the daily benefits statement)

.....  
Reference number\*

.....  
Name of contact person\*

.....  
Telephone no.\*

**Attending physician**

.....  
Name and address

**Measures**

.....  
☐ Case management\*:  
(if available)

.....  
Name of case manager\*

.....  
Telephone no.\*

.....  
☐ Early registration with the IV office:

.....  
Notification sent?

.....  
☐ Yes. Date

.....  
☐ No

.....  
☐ Other

**Employment**

.....  
Percent of full-time working hours before  
incapacity set in\*

.....  
☐ The employment contract continues\*

.....  
☐ The employment contract has been terminated effective\*  
as of

.....  
If the employment contract has been terminated: Have you already sent  
us the notification of withdrawal?

.....  
☐ Yes\* ☐ No\* (please do so)

**Comments**

.....  
☐ Please contact me by telephone

**Power of attorney**

.....  
Please send us the signed power of attorney from your employee. This power of attorney allows us to start processing as quickly as possible. Please let us know if you would prefer AXA to obtain this power of attorney in a subsequent step instead.

.....  
☐ Signed power of attorney enclosed (facilitates rapid processing)

.....  
☐ AXA should obtain the power of attorney in a subsequent step (start of processing will depend on when the power of attorney is received)

**Person submitting notification on behalf of the employer**

.....  
Date

.....  
Surname

.....  
First name

.....  
E-mail address

**Please send to** formsservice.bvg@axa.ch

or to: AXA, Postfach 300, 8401 Winterthur

\*Mandatory



# Authorization and assignment

Contract no. .... / .....

<b>Insured person</b>	Surname	First name	Insurance number	
	Street	Postcode and town	Date of birth	Gender
Can be reached at	Private email address	Telephone no.		<input type="checkbox"/> m. <input type="checkbox"/> f.
	Occupation by training	Occupation/position		

**Data processing** AXA Group companies operating in Switzerland and the Principality of Liechtenstein – hereinafter referred to as «AXA» – are authorized to process the data.

The undersigned hereby agrees that AXA can process all the necessary information in connection with

- reviewing entitlements to benefits;
- processing benefits;
- reviewing and asserting recourse claims;
- reintegrating the person into working life.

**Obtaining information** AXA is authorized to obtain information including medical records from third parties, such as insurers, public offices, doctors, therapists, clinics, care providers, employers and their representatives, pension and health insurance funds, daily benefits, accident insurers, occupational benefits and vested benefits institutions, compensation funds, the Swiss federal disability insurer, and other persons and institutions in possession of relevant information.

**Release from confidentiality obligation** The persons and institutions referred to above are released from their confidentiality obligations.

**Passing on information** Furthermore, the undersigned hereby authorizes AXA to forward such information to participating third parties shown under «Obtaining information» for the purposes described under «Data processing».

**Exchange of information within AXA** This authorization also includes the exchange of information for specific purposes between AXA companies operating in Switzerland and the Principality of Liechtenstein.

**No automatic data exchange** No data is exchanged automatically. AXA is not obligated to conduct inquiries with third parties in every case or to pass on information of its own accord – even within AXA. Data is passed on only for a specific purpose and based on a specific request.

**Truthful information** This authorization does not release the undersigned from the obligation to provide truthful and complete information. It also does not release the undersigned from the obligation to duly notify benefit entitlements to the relevant institutions in accordance with applicable rules.

**Validity period** This authorization applies also to benefits in the event of death.

**Confidentiality** AXA undertakes to treat all information it receives as confidential and only in connection with a specific purpose.

**Form of transfer/information exchange by email** Email exchanges generally rely on data networks that are hard to control. For this reason there is a risk that unauthorized parties may be able to access and alter the information that is being exchanged as well as the sender's email address.

The undersigned is aware of the risks involved in sending information by email. The undersigned hereby expressly agrees that AXA can exchange information by email with him or her and with the third parties listed under «Obtaining information».

AXA will save the email address you specified in its address management system. The undersigned must inform AXA immediately if this address should change.

**Assignment** If the undersigned or another eligible claimant has been awarded damages from an insurance claim brought against a third party that is liable for that case, all claims up to the amount in regulatory benefits are assigned to the occupational benefits institution that must pay benefits.

Date Signature of the insured person or the legally appointed representative

Information regarding Data Privacy is available under the following link: [AXA.ch/data-protection](https://www.axa.ch/data-protection)