

Declaration of incapacity for work

Employer

Company information

Company name

Street / Number

Additional address

Postal code / Town

Contract No.

Business Unit

Phone number

Email address

Contact person

Insured person

Insured's personal information

Title

First name

Surname

Employee ID

Marital status

Date of birth

Nationality / Residence permit

AHV number

Dependent child/children

Are you receiving any benefit from another social insurance?

Insured's contact details

Country of residence

Street / Number

Additional address

Postal code / Town

Phone number

Email address

Bank/postal details

To whom should the benefits be paid?

IBAN

Employment

Contractual information

Type of contract

Beginning of employment contract

End of employment contract

Is the contract terminated?

Type of termination

Date of notification

For which term?

Position

Occupation

Usual place of work

**Incapacity
for work****Working hours**

Employee's working hours hours/week

Contractual activity rate

Hours per year hours/year

Type of job

Is the company partially unemployed?

Number of home office days per week

Incapacity for work

Type of incapacity

Description of the illness

Last day of work before the incapacity Time:

Beginning of the incapacity Time:

Rate of incapacity

Remarks or comments

Return to work

Effective date of return to work

Inspection visit

Would you like an inspection visit?

Salaries**Salary data**

Subject to withholding tax

Amount of gross salary

Bonus, 13th month's salary (and following)

Other benefits

Holiday allowance, public holidays allowance

Child and family allowances

Cost-of-living allowance

Other salary supplements

Total amount of other salary supplements

Place and date: