Avenir Assurance Maladie SA – Easy Sana Assurance Maladie SA
Mutuel Assurance Maladie SA – Philos Assurance Maladie SA – SUPRA-1846 SA
AMB Assurances SA – Groupe Mutuel Assurances GMA SA
Mutuel Assurances SA – Groupe Mutuel Vie GMV SA
Foundations managed by Groupe Mutuel:
Groupe Mutuel Prévoyance-GMP – Mutuelle Neuchâteloise Assurance Maladie

Employer's declaration of incapacity for work

Ref. n°:

1. Employer		Collective insurance policy n°:	Administrative unit:
		Phone n°:	Contact person:
		Email address:	
2. Employee ☐ man ☐ woman		Date of birth:	AVS/AHV n° (13 digits):
Name, first name:		Nationality:	Type of residence permit:
Street:		Taxed at source:	☐ yes ☐ no
Postcode + town:		Landline telephone n°:	Mobile telephone n°:
Email address:		Doctor:	

3. Employment

Usual occupational activity:

In which department of the company?

Start of employment: Due date in case of a fixed-term contract:

Was the employee given notice? ☐ yes ☐ no Or has the employee given his notice? ☐ yes ☐ no

If so, date of the notification: Effective when?

4. Period of the incapacity for work

When was the last time the employee was at work before the incapacity for work? (date, time):

Start of incapacity for work (date, time) :

Resumption of work on: _____ Rate of activity: _____ %

If the employee is still unable to work, what is the expected duration of the incapacity for work (in days):

5. Reason for incapacity

☐ Illness ☐ Accident ☐ Occupational illness ☐ Maternity, presumed date of confinement: _____

Type of illness/injury:

Is this a relapse from a previous incapacity? ☐ no ☐ yes, incapacity dated:

6. Verification

Is verification required? ☐ yes ☐ no National language understood by the employee:

7. Working hours

Hours per week: _____ Hours per year:_____ Degree of employment in %:_____

Irregular schedule? ☐ yes ☐ no

8. Salary

		CHF/hour	CHF/day	CHF/month	CHF/year
8.1 Gross salary (without 8.2 and 8.3)					
8.2 Holiday and public holiday allowance	% or				
8.3 Bonus/13th salary	% or				
8.4 Other additional remuneration	% or				

Designations :

9. Other insurance benefits

Is the employee entitled to (or has he applied for) daily allowances or a pension? ☐ no ☐ yes:

☐ AI / IV ☐ SUVA or other LAA/UVG insurer ☐ Personal/private insurance ☐ Unemployment benefits

☐ LPP/BVG ☐ Military insurance ☐ Other:

If the insured has LPP/BVG coverage with a Groupe Mutuel Pension Fund, this declaration will be communicated after a 3 month waiting period.

10. Payment adress

☐ Employer ☐ Employee

Name and address of bank:

Bank account n° or postal account n°:

11. Comments

Place and date: Stamp and signature: