groupemutuel

Claim No. ______________

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	☐Mrs ☐Mr
First name	______________________
Surname	______________________
Employee ID	______________________
Marital status	☐Single ☐Registered partner ☐Separeted ☐Divorced ☐Widowed ☐Common-law partner ☐Maried
Date of birth	Date (dd/mm/yyyy) : ______________
Nationality / Residence permit	______________________
AHV number	______________________
Dependent child/children	☐Yes ☐No
Are you receiving any benefit from another social insurance?	☐Yes ☐No
Type of benefit	☐AI/IV-AVS/AHV ☐SUVA or other LAA/UVG insurer ☐Personal/private insurance ☐Unemployment insurance ☐LPP/BVG ☐Military insurance ☐Other

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?	☐Employer ☐Employee
Employee IBAN	______________________

Employment

Contractual information

Type of contract	☐Indefinite duration ☐Definite duration
Beginning of employment contract	Date (dd/mm/yyyy) : ______________
End of employment contract	Date (dd/mm/yyyy) : ______________
Is the contract terminated?	☐Yes ☐No
Type of termination	☐Dissmissal ☐Leave
Date of notification	Date (dd/mm/yyyy) : ______________
For which term?	Date (dd/mm/yyyy) : ______________

Claim No. ______________

Position	☐Employee ☐Manager ☐Senior Manager ☐Apprentice ☐Intern
Occupation	______________________________
Usual place of work	______________________________

Working hours

Employee's working hours	________hours/week
Contractual activity rate	______%
Hours per year	_________hours/year
Type of job	☐Regular ☐Irregular
Is the company partially unemployed?	☐Yes ☐No
Number of home office days per week	______ Days

Incapacity for work

Incapacity for work

Type of incapacity	☐Illness ☐Accident
Description of the illness	______________________________
Last day of work before the incapacity	Date (dd/mm/yyyy) : ______________________ Time [hh:mm] : ______________________
Beginning of the incapacity	Date (dd/mm/yyyy) : ______________________ TIme [hh:mm] :______________________
Rate of incapacity	______%
Remarks or comments	______________________________

Return to work

Date effective de la reprise du travail	Date (dd/mm/yyyy) : ______________________

Inspection visit

Would you like an inspection visit?	☐Yes ☐No

Salaries

Salary data

Subject to withholding tax	☐Yes ☐No
Amount of gross salary Payment frequency	______________________________ ☐Annual ☐Hourly ☐Monthly ☐Daily
Bonus, 13th month's salary (and following) Payment frequency	______________________________ ☐Annual ☐Hourly ☐Monthly ☐Percentage

Other benefits

Holiday allowance, public holidays allowance Payment frequency	______________________________ ☐Annual ☐Hourly ☐Monthly ☐Percentage
Child and family allowances Payment frequency	______________________________ ☐Annual ☐Hourly ☐Monthly
Cost-of-living allowance Payment frequency	______________________________ ☐Annual ☐Hourly ☐Monthly
Other salary supplements	______________________________
Total amount of other salary supplements Payment frequency	______________________________ ☐Annual ☐Hourly ☐Monthly

Place and date:

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