

## Employer's declaration of incapacity for work

Ref. n°:

<b>1. Employer</b>	Collective insurance policy n°:	Administrative unit:			
	Phone n°:	Contact person:			
	Email address:				
<b>2. Employee</b> <input type="checkbox"/> man <input type="checkbox"/> woman  Name, first name:  Street:  Postcode + town:  Email address:	Date of birth:	AVS/AHV n° (13 digits):			
	Nationality:	Type of residence permit:			
	Taxed at source:	<input type="checkbox"/> yes <input type="checkbox"/> no			
	Landline telephone n°:	Mobile telephone n°:			
	Doctor:				
	<b>3. Employment</b>				
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? <input type="checkbox"/> yes <input type="checkbox"/> no      Or has the employee given his notice? <input type="checkbox"/> yes <input type="checkbox"/> no					
If so, date of the notification: _____ Effective when? _____					
<b>4. Period of the incapacity for work</b>					
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):					
<b>5. Reason for incapacity</b>					
<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Occupational illness <input type="checkbox"/> Maternity, presumed date of confinement: _____					
Type of illness/injury: _____					
Is this a relapse from a previous incapacity? <input type="checkbox"/> no <input type="checkbox"/> yes, incapacity dated: _____					
<b>6. Verification</b>					
Is verification required? <input type="checkbox"/> yes <input type="checkbox"/> no      National language understood by the employee: _____					
<b>7. Working hours</b>					
Hours per week: _____ Hours per year: _____ Degree of employment in %: _____					
Irregular schedule? <input type="checkbox"/> yes <input type="checkbox"/> no					
<b>8. Salary</b>					
		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/13 <sup>th</sup> salary		% or			
8.4 Other additional remuneration		% or			
Designations :					
<b>9. Other insurance benefits</b>					
Is the employee entitled to (or has he applied for) daily allowances or a pension? <input type="checkbox"/> no <input type="checkbox"/> yes:					
<input type="checkbox"/> AI / IV <input type="checkbox"/> SUVA or other LAA/UVG insurer <input type="checkbox"/> Personal/private insurance <input type="checkbox"/> Unemployment benefits					
<input type="checkbox"/> LPP/BVG <input type="checkbox"/> Military insurance <input type="checkbox"/> 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.					
<b>10. Payment address</b>					
<input type="checkbox"/> Employer <input type="checkbox"/> Employee					
Name and address of bank:					
Bank account n° or postal account n°:					
<b>11. Comments</b>					

Place and date:

Stamp and signature: