

Illness-Related Death or Disability Insurance

Notification for lump-sum payments

As the insured person or their legal representative, please complete the form in full and send it to the address given on the last page. Only then can we verify your entitlement to benefits.

If you are reporting a death, please ignore points 3.1, 3.2 and 3.3.

If you are reporting a disability, please ignore point 2.3.

Question 3.2 does not need to be answered for children younger than 15.

Any questions? Our Customer Service Centre will be happy to help on 0844 277 277. Thank you.

Client number



Alternatively, you can notify us online at css.ch/idd

Disability

Death

1 General information

1.1 Details of insured person

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| First Name | Surname | Date of birth | Street address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postcode / town | E-Mail | Phone | Available at (time) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

1.2 Details of person making report

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| First Name | Surname | Date of birth | Street address |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postcode / town | E-Mail | Phone | Available at (time) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2 Progression of illness

2.1 Start of illness

| | |
|-----------------------------|-------------------------------|
| Date on which illness began | Nature of illness / diagnosis |
| <input type="text"/> | <input type="text"/> |

2.2 Please describe the cause and the progression of the illness in as much detail as possible:

2.3 Date on which death certified?

2.4 Doctor/hospital/dentist providing treatment?

| | |
|----------------------|----------------------|
| Name | Postcode / town |
| <input type="text"/> | <input type="text"/> |

Family doctor?

| | |
|----------------------|----------------------|
| Name | Postcode / town |
| <input type="text"/> | <input type="text"/> |

Other doctor/hospitals/dentists providing treatment?

Name

Postcode / town

Name

Postcode / town

2.5 Date on which treatment began?

2.6 Was this a pre-existing complaint?

Yes

No

If so, when did it begin?

3 Federal disability insurance (DI)

3.1 Are you already registered with the federal disability insurance (IV) scheme?

Yes

No

3.2 Are or were you unable to work as a result of the injury?

Yes

No

Degree of work incapacity in

% from

to

3.3 Was a pension granted?

Yes

No

4 Remarks

Please confirm these details with your signature. Many thanks for your support.

The undersigned person hereby confirms that he or she has answered all questions in this form truthfully and in full.

The undersigned person hereby assigns to CSS any liability claims arising from the illness referred to above up to the amount in benefits it has paid and acknowledges that CSS may assert its claims against third parties. By signing the illness notification form, the undersigned authorises CSS to share information and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and its company doctors and medical advisors to the extent necessary to assess the insurance cover while respecting statutory provisions on data protection. In such cases, all parties involved are released from the obligation to maintain professional or patient confidentiality with respect to CSS.

The undersigned person has the right to request information about his or her data that is being processed. Consent to the processing of data may be revoked at any time.

The legal entity for lump-sum Illness-Related Death or Disability Insurance is Helvetia Swiss Life Insurance Company Ltd.

Place

Date

Signature of the insured person or his or her legal representative

Address of the insurer:

CSS, Special Insurance Competence Centre, P.O. Box 2568, 6002 Lucerne