

# Transfer form

## Individual daily sickness indemnity insurance



The completed form must be sent to the address given at the end of this document within 90 days of the end of the current employment relationship

### 1 Personal details

Partner number (if available)  Gender  Female  Male

First name  Surname  Date of birth

Street address  Address supplement/P.O. Box  Postcode/town

Residence  Switzerland  Abroad Nationality  Profession

Phone numbers  
 Private  Mobile  Business

### 2 Previous employer

Policy number  Company

Street, P.O. Box  Postcode/town

Date on which joined company  Date on which left company (include notice letter)

Employment relationship upon departure  
 Permanent  Temporary  Probationary period

### 3 Supplementary questions

Are you fully fit for work at present?  
 Yes  No (enclose daily indem./pension statement)

Are you going to become self-employed?  
 No  Yes

Do you already have a new employment contract?  
 No  Yes, as of

If no, unable to work as a result of  
 Illness  Accident

Are you unemployed?  
 No  Yes (enclose statement from federal unemployment insurance)

Does your new employer have group daily sickness indemnity insurance?  
 No  Yes

### 4 Gross salary (total salary subject to AHV)

Annual total sum (incl. 13th month's salary)  
 CHF  (enclose most recent salary statement)

### 5 Enclosures (copies)

Please enclose the required appendices, as determined by your answers above:

Letter of notice  Daily indemnity/pension statements from other insurance providers

Statement from federal unemployment insurance  Most recent salary statement

### 6 Signatures

I hereby exercise my right to transfer and request a quote for individual daily sickness indemnity insurance. I also confirm the correctness of the information provided.

Place, date  Signature

**Address of the insurer:**  
 CSS Insurance, Corporate Clients, Tribschenstrasse 21,  
 P.O. Box 2568, 6002 Lucerne