



GROUP HEALTH INSURANCE Notification of incapacity to work

Agency	Please include reference number in all correspondence
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1. Employer	Surname, first name and address with postcode Adobe Research (Schweiz) AG Barfüsserplatz 6 4001 Basel	Policy no. 22807153	
		Phone no.	
		e-mail	
2. Insured person	Surname and first name	Date of birth	AVS number (13-digit)
	Street	Nationality	Work permit (for foreigners) B C G
	Postcode, city	Marital status	Private phone no.
3. Employment	Starting date of employment	Employment contract:	
	Normal occupation	permanent contract	
		temporary contract	
		contract terminated as of:	
	Insured person's working hours:	hours/week	Contractual degree of employment: %
	Company's working hrs full time:	hours/week	
4. Start of incapacity to work	Day Month Year	Day Month Year	
		If work resumed, from when?	
5. Doctors' addresses	(doctor or hospital/clinic)		
6. Salary	Insured person subject to tax at source? no yes	CHF per	Hour Month Year
	Contractual basic salary incl. cost of living bonus (gross)		
	Child/family allowances		
	Compensation for vacation/public holidays	% or	
	Bonus/13th month's salary (and other)	% or	
	Other salary allow. (e.g. settlement/commission/payment in kind/shift premium)		
	Description:		
7. Postal account or bank account of the company, for transfer of benefits:	Bank details Adobe Research: Bank of America, IBAN: CH54 0872 6000 0308 3081 9 / BIC: BOFAGB3SSWI		
8. Other insurance benefits	Is the insured person already entitled to a daily allowance or pension from: health insurance, Suva or another compulsory accident insurance, disability insurance, old age or survivors' insurance, occupational benefit plans, military insurance, unemployment insurance? no yes If so, to which one(s)?		
	Does the insured event give rise to benefits from other GENERALI Insurance policies? no yes If so, policy no.?		
	Has the event been reported to the Federal Disability Insurance for early registration? no yes		
Place and date:	Signature of employer:		
		Generali Assurances Soodmattenstrasse 2 Postfach 1047 8134 Adliswil	
To: insured person >> employer >> GENERALI Assurances			