



## RESIGNATION FROM THE COLLECTIVE DAILY CASH BENEFIT FOR SICKNESS INSURANCE

Insured person	
family name, given name: .....	date of birth: .....
street, no.: .....	sex: <input type="checkbox"/> m <input type="checkbox"/> w
postal code, town: .....	nationality: .....
phone: .....	residence permit: .....
phone (business): .....	profession: .....
cell phone: .....	

All the information you need about transferring to the individual insurance can be found in the following information sheet on our website: [www.visana.ch](http://www.visana.ch) > Firmenkunden > Services > Downloads > English Documents

### Declaration by the insured person

- I am leaving / have left the company. per (date) .....
- My employer's collective insurance contract has been / will be dissolved. per (date) .....

### Please select one of the following options:

- I am interested in a transfer from collective to individual daily cash benefit for sickness insurance and would like a non-binding offer.
- I would like non-binding advice. preferred contact time .....
- I waive my right to transfer to the individual daily cash benefit for sickness insurance. (In this case, it is not necessary to answer the remaining questions; **please simply sign the form.**)

### Supplementary questions (answer only if you want a quotation to transfer)

1. Are you unfit for work/gainful employment?  no  if so, why?  illness  
 accident
2. Are you unemployed?  no  yes
- Have you applied to receive unemployment benefits?  no  yes (if possible include a copy of the first settlement/confirmation by the ALV)
- If so, do you have dependent children?  no  yes



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3. Do you have a new employment contract?  no  yes, beginning .....
- If so, does your new employer already have a collective daily cash benefit insurance?  no  yes
4. Do you intend to work in a self-employed capacity?  no  yes, beginning .....
5. Do you intend to give up your gainful occupation completely or partially?  no  yes, beginning .....

My signature on the form confirms that I have been informed about my right to transfer to the individual insurance of Visana. I also verify that the statements made above are true.

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Place and date

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Signature of the insured

Please use a ballpoint pen and write in capitals.

Page 2: Details of employer



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Insured person	
family name, given name: .....	town: .....

Details of employer	
name company: .....	contact: .....
street, no.: .....	phone: .....
	fax: .....
postal code, town: .....	e-mail: .....

**We require the following information if you wish to transfer to another insurance:**

1. Date of joining the company per (date) .....
2. Resignation from the company per (date) .....
3. Did you have a temporary employment contract?  no  yes
4. Annual salary insured (gross salary subject to AHV payments) CHF .....
5. Contract No. of collective daily cash benefit insurance .....
6. Insured group (designation, if more than one) .....

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Stamp and signature

Please use a ballpoint pen and write in capitals.

**Please complete the form, sign it and send it so the address below:**

**Visana Services AG  
Leistungszentrum Taggeld  
Weltpoststrasse 19  
3000 Bern 16  
Phone 031 357 88 00 / E-mail: lz\_taggeld@visana.ch**

## **Information sheet**

### **Transfer from collective to individual daily cash benefit insurance**

Your insurance cover from collective daily cash benefit insurance is about to end. This entitles you to transfer to individual daily cash benefit insurance.

We would like to inform you about some important points with regard to such a transfer:

- The right of transfer can be exercised within three months after the end of the respective employment relationship or after the end of deferred benefit payments arising from the collective contract.
- The insurance cover from the individual daily cash benefit insurance seamlessly follows on from the collective insurance and is subject to premiums.
- The transfer from collective to individual daily cash benefit insurance (under the same conditions as the previous insurance cover) occurs without a health check.
- The individual daily cash benefit insurance is an indemnity insurance. This means that loss of income must be proven, in order for you to be entitled to daily cash benefits. (The following are examples of possible proof of salary).

### **Proof of salary through new job without daily cash benefit insurance**

If you have a new job, check with your employer about insurance cover in the event of illness. If your new employer has collective daily cash benefit insurance, you are not entitled to transfer to individual daily cash benefit insurance. If the employer has no collective daily cash benefit insurance, individual daily cash benefit insurance can be taken out. In the event of a benefit claim, the amount paid cannot exceed the insured daily cash benefit or the proven loss of income.

### **Proof of salary in the event of unemployment via registration with the unemployment insurance fund**

If you register with the unemployment insurance fund, you will be granted an entitlement to benefits if you have paid contributions for a sufficient period. You can provide evidence of loss of income while unused payment days are still available and the framework period is still active. When the payment days have been used up, or the benefit framework period ends, there is no longer a loss of income and no entitlement arising from individual daily cash benefit insurance. In the event of a benefit claim, the amount paid cannot exceed the insured daily cash benefit or the proven loss of income.

### **Self-employment**

If you decide to become self-employed after transferring to individual daily cash benefit insurance, please check the level of your insurance cover. If you leave your stated salary unchanged, you must be able to prove loss of income when an insured event occurs, even if the benefit claim immediately follows the commencement of self-employment.

If you would like some advice, please do not hesitate to call us.