



INFORMATION LEAFLET FOR EMPLOYEES

This information leaflet contains information on daily cash benefit insurance and accident insurance. The valid insurance contract between your employer and Visana is decisive with regard to the information relevant to you as an employee.

Collective daily cash benefit insurance

Every insured employee residing in Switzerland can transfer to individual Visana insurance without a health check, within 3 months after any of the following points in time:

- When they leave the insured group,
- When the contract terminates
- When they are classified as unemployed as per the Unemployment Insurance Act

This right of transfer does not apply in the following situations:

- Upon transfer to a new employer's daily cash benefit insurance
- Upon termination of the contract with Visana, if insurance continues to be provided by another insurer
- When insured persons reach pensionable age (OASI/AHV age)
- Upon giving up employment

Other exclusion criteria may be in effect, depending on the applicable version of the GCI.

Obligatory accident insurance as per AIA/UVG

Extension of non-occupational accident insurance

Employees in gainful employment that amounts to at least 8 hours per week are obligatorily insured against non-occupational accidents (NOAs). This insurance cover applies when there is an entitlement to at least 50 % of the salary (daily accident allowances and daily cash benefits are seen as equivalent to salary payments) and the labour contract has not been terminated. The insurance cover ends with the 31st day after the day on which the entitlement to at least half the salary ends.

Employees with obligatory insurance against non-occupational accidents (NOAs) can arrange for this insurance cover to be extended by up to 6 months beyond the end of the obligatory insurance. The arranged insurance extension is taken out via online payment of the premium, which is CHF 45.– per month. This premium must be paid no later than on the day on which the company's non-occupational accident insurance ends. Request arranged insurance extension: www.visana.ch/de/firmenkunden/angebot/abredevversicherung

Payment details:

Visana Versicherungen AG
Visana Assurances SA
PO Box, 3000 Bern 15

IBAN: CH48 0900 0000 3044 1079 3

The unemployed are insured by SUVA under an obligatory arrangement while they draw unemployment benefits, during waiting periods and during periods when benefits are suspended. In the event of unemployment, special conditions apply. The employment office in your municipality of residence shall inform you of these.

The arranged insurance extension goes into abeyance if military insurance comes into effect. The duration of the arranged insurance extension then increases accordingly and ends whenever gainful employment of at least 8 hours per week is commenced.

Visana Services Ltd, Weltpoststrasse 19, 3000 Bern, phone +41 (0)31 357 91 11, must be notified of any accident immediately. In the event of death, survivors entitled to benefits are obliged to give notification.

Inclusion of accident cover in the obligatory health insurance

Employees who are leaving the company and have excluded accident cover from the obligatory health insurance as per HIA/KVG must inform their health insurer within one month about a possible loss of the cover provided by the AIA/UVG if they definitively give up employment, e.g. upon retirement.

24-hour immediate accident assistance service

Has your employer chosen Visana as your occupational accident insurance provider in accordance with the Federal Law on Accident Insurance (Bundesgesetz über die Unfallversicherung UVG) or taken out supplementary accident insurance with Visana to cover the costs of your medical treatment in a private or semi-private ward?

If so, in the event of an accident, you will benefit from the cost-free 24-hour assistance service provided by our partner Mobi24.



Confirmation

I hereby confirm that on leaving the company I was informed about the right to transfer to individual daily cash benefit insurance, about the possibility to arrange an insurance extension as per AIA/UVG and about the obligation to include accident cover in my health insurance.

Surname: _____ First name: _____

Date: _____ Signature: _____

Name of company: _____