



teIICO

Pension solutions. Banking. Real estate.

Tellico pkPRO
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Notification of incapacity for work

Employer **Contract no.**

Information on the insured person

Mr Ms

Surname First name

Street Postcode, Place

Telephone Nationality

Insured no. Date of birth

Correspondence language G F I E

Employment relationship

Beginning and if relevant end of the employment relationship from to

Number of working hours prior to the occurrence of the insured event %

Annual salary in year of insured event Year CHF

Children

If under 18 or in training/education up to the age of 25.

Surname First name Date of birth

Surname	First name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please enclose confirmation of training/education.

Information on the incapacity for work

Start DD MM YYYY

Level and duration % from to

% from to

% from to

Illness

Accident



tellco

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Tellco pkPRO

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Notification sent to

<input type="checkbox"/> Daily sickness benefits insurance	Company	
Contact person	Telephone	
<input type="checkbox"/> Accident insurance	Company	
Contact person	Telephone	
<input type="checkbox"/> IV (early recognition)	Branch office	
<input type="checkbox"/> Case Manager		
Name	Telephone	

Please enclose copies of the registrations, notifications, statements and decisions of all the agencies.

Place, Date

Stamp and signature of employer