tellco
Pension solutions. Banking. Real estate.

Tellco Pensinvest
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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

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

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Notification sent to

○ Daily sickness benefits insurance — Company

Contact person — Telephone

○ Accident insurance — Company

Contact person — Telephone

○ IV (early recognition) — Branch office

○ 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