



Notification of incapacity for work (temporary employee)

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

First deployment Registration from 1st day After 3 months

Last deployment Subject to duty of maintenance Voluntary

Please enclose copy of employment contract.

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
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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

Pension solutions. Banking. Real estate.

Tellco pkFLEX
Bahnhofstrasse 4
Postfach 713
CH-6431 Schwyz

t +41 58 442 61 00
pkFLEX@tellco.ch
tellco.ch

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