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Data sheet for a quote

☐ Temporary employees	☐ Permanent employees	☐ Start-up	☐ Existing company	☐ Current OPA solution (at existing company)

Advisor* (broker/agency)	
E-mail*	
Telephone No.* (direct line)	
Company name*	
Legal form	
NOGA-Code* (six-figure)	
PO Box	
Street	
Post code/town or city	
Correspondence address* (if different from company adress as per the CR)	
UID	CHE
OASI No. of company owner (if sole proprietorship or joint company)	756.

Duration of DSA benefits	☐ 360 days	☐ 720 days	☐ 730 days	☐ No benefits

Contract start date*	

Plan	☐ OPA minimum	☐ Extended solution (as per enclosure)

In the case of contracts for permanent employees, occupational disabilities in the last five years* (if any, please provide details)	

*Mandatory fields

Required documents:
— List of benefits and contributions
— Affiliation agreement
— Pension fund regulations
— List of employees in Excel format: OASI number, marital status, date of marriage, level of employment, retirement savings (OPA/ nonmandatory); if possible, divide into employees and managers (commercial activity)
— Claims trend statement covering the last five years
— Up-to-date list of benefits and pension beneficiaries