Request to transfer to daily allowance insurance

2208/e/9.23

If you leave your employer's collective loss of income insurance, you can transfer to Sympany's daily allowance insurance within three months. Please also refer to the separate "Leaving the company" leaflet. You can get this from your employer or at sympany.ch/withdrawal

Please complete this form, present it to your employer and submit it by E-mail.

Personal details

Gender: ☐ male ☐ female

First name | Surname

Private phone no. | Date of birth

Street/house no. | Postcode/town

E-mail

Additional information

Are you currently fully able to work ☐ yes ☐ no

If no: inability to work of ____ % as a result of an ☐ illness ☐ accident

Since leaving your job, have you been receiving daily allowance due to your inability to work? ☐ yes ☐ no

Do you have a new employment contract? ☐ no ☐ yes, as of ____
(Please enclose evidence of new salary)

If yes: Does your new employer have collective loss of income insurance? ☐ yes ☐ no

Are you going to be self-employed? ☐ no ☐ yes, as of ____

Have you submitted a request for unemployment benefits? ☐ no ☐ yes, on ____
(Please enclose unemployment insurance statement if you have it already)

Signature

I would like to receive a quote for Sympany's daily allowance insurance. I hereby confirm that the information is accurate.

Place/date | Signature

Information from your employer

Name Company | Contract number

Starting date Applicant | Leaving date

Annual salary (including 13th month's salary) CHF

Insurance cover ____ % of the salary as of ____ day

Place/date | Employer signature

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All the insurance you need.
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