

Trust Sympany
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Transfer to the Individual Insurance against Loss of Earnings (Withdrawal from the Group Insurance against Loss of Earnings)

Every person resident in Switzerland insured with Trust Sympany can transfer to the individual insurance within 90 days from the date when he/she leaves the circle of insured under the Group Insurance Scheme, if the insurance agreement expires or he/she is regarded as an unemployed person in the sense of the Federal Law.

Please complete this form **at all events** in full and return it to us.

Personal particulars insured person:

Surname, first name _____ Date of birth _____
Address _____
Post code and place _____
Phone No. private _____

Declaration by the insured person:

I shall retire/ have retired from the company _____ on _____.

- ♦ I would like to continue the daily benefits insurance and wish for an offer without obligation
- ♦ I renounce any continuation of the loss of earnings insurance.

Additional questions in the case of a transfer:

- ♦ I am at present 100% fit for work Yes No
- ♦ I have been drawing daily benefits since withdrawal due to incapacity to work Yes No
- ♦ I have made a change of job to a new employer Yes No
If yes, when? _____
- ♦ I am a self-employed person Yes No
If yes, when? _____
- ♦ I have made an application for unemployment daily benefit. Yes No
If yes, from when? _____
(Please enclose the statement of account from the unemployment office)

My signature confirms that I have been informed about the right to transfer to the Trust Sympany individual insurance. In addition, I take note that my loss of earnings insurance will lapse on the day of my withdrawal from the Group Insurance against Loss of Earnings, if I do not make use of the right of transfer within 90 days.

Place, date and signature: _____

Details from the employer:

If a transfer to the individual insurance is required, Trust Sympany needs the following details:

Contract number _____, Monthly wage in CHF _____
Date of appointment _____, Annual wage in CHF _____
Previous insurance cover _____% of the wage as of the _____ day.

Place, date and signature: _____