

Termination notice

Questions with a box are to be answered by ticking the box in question.

Personal details of insured person

Surname _____

Name _____

Insurance no. _____

Gender Male Female

Date of birth _____ (Day/Month/Year)

Nationality _____

Residence permit _____ (please enclose copy)

Occupation _____

Street _____

Post code/city _____

Phone home _____

Phone office _____

Mobile _____

Email _____

Insured persons who are Swiss residents can purchase individual insurance from SWICA within 90 days from the date when they leave the company. Persons who are not Swiss residents must contact an insurance carrier in their country of residence.

Declaration of insured person

I will leave/have left the company on _____

The group insurance contract of my employer will be/has been terminated. on _____

I am interested in continuing my insurance and would like an offer without any obligation.

I waive my right to continue the insurance. **In this case, the supplementary questions do not have to be answered; please just sign the form.**

Supplementary questions (only answer these questions if you would like an offer for the transfer of your policy)

Are you currently incapacitated/unable to work?

- No Yes, as a result of
 Illness Accident

Are you unemployed?

- No Yes

Have you registered for unemployment benefits?

- No Yes, on

(If so, enclose copy of unemployment insurance settlement/confirmation)

If so, do you have financial obligations towards any children?

- No Yes

Do you already have a new employment

- No Yes, on

contract or have you already started a new job?

If so, does your new employer already have group daily benefits insurance?

- No Yes

Are you becoming self-employed?

- No Yes, on

Job

Company name

With my signature I confirm that I have been informed about my right to transfer to the individual insurance of SWICA. I am also aware that my daily benefits insurance ceases on the day when I withdraw from the group insurance plan.

At the same time, I confirm that the details I have given are correct.

Stamp and signature

Place and date

Details of employer (we need the following details if a transfer to individual insurance is requested)

Company policy no.

Date of joining the company

Date of leaving the company

Fixed-term employment contract of 3 months or less?

- No Yes

Auxiliary staff working occasionally?

- No Yes

Gross pay (salary subject to AHV contributions)

CHF

Incl. 13th month's salary

Liable for tax at source

- No Yes, ZAR no.

Is the person receiving or has he/she applied for a pension?

- No Yes

Stamp and signature

Place and date