Baloise Insurances

Declaration of disability

Contract No. .....

Employee benefit institution .....

1. Particulars of the insured person:

   a) Surname and first name: .....

   Street: ..... Telephone no: .....

   Postal code/Town: .....

   b) Date of birth: .....

   c) Insurance no.: .....

   d) Which company is the

   – daily allowance insurer (name, address): .....

   – accident insurer (name, address): .....

2. Details of disability and employment:

   a) Cause of disability: ☐ illness ☐ accident

   b) Degree and duration: ..... % from ..... to .....

   ..... % from ..... to .....

   c) Name and address of doctor in attendance:

   .....

   or enclose a medical attestation.

   d) Employment:

   – Professional occupation before disability occurred? .....

   – Will the insured person be able to resume his current occupation? ☐ yes ☐ no

   – Is/will the employment contract dissolved?/be dissolved? ☐ yes ☐ no

   if yes, when? .....

3. Declaration of the insured person releasing the doctors concerned from their duty of discretion:

   I, ...

   hereby consent to the Baloise Life Ltd or its representative gathering from hospitals, doctors, other persons in medical professions, and authorities, in particular from accident, medical and life insurers, the Federal Disability Insurance, the Federal Military Insurance and the Federal Accident Insurance, all information which is considered necessary for the assessment of my earlier, present and future state of health. I release the afore-mentioned persons and institutions from their professional discretion and authorize them to give all information requested to the Baloise Life Ltd or its representative.

   Place, date: Signature of the insured person:

   ....

4. The signatories confirm by means of their signature the accuracy of the data given.

   Place, date: Seal and signature of employer/foundation

   ....

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