

## Re-entry

### Employer

Company

Contract number

### Employee

Policy no.

Title

- Ms  
 Mr

First name

Last name

Street

No.

Postcode

Place

Country

Date of birth

Marital status

E-Mail

### Re-entry

Date of re-entry

Personnel category

Organizational unit

Annual salary

Degree of employment as %

At the time of returning to work, is the insured fully capable of working or earning?

- Yes  
 No

Degree of incapacity for work or incapacity to earn in %

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- Registration with the Swiss disability insurance scheme has been completed
- DI provision is available
- Accident insurance provision is available

### Confirmation employer

- I hereby confirm that I have provided all details truthfully.

This registration was entered by

First name

Last name

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Your mail address for possible clarifications

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### Data protection

All personal data will be processed in accordance with the current legislation:

For compulsory occupational benefits, the data protection regulations of LOB (Art. 85a ff. LOB) apply. The provisions of the FADP apply in addition. The FADP applies to purely supplementary occupational benefits (for information e.g. identity and contact details of responsible persons, processing purposes, etc. please see [www.helvetia.ch/privacy](http://www.helvetia.ch/privacy)).