

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?

No

Yes

Degree of incapacity for work or incapacity to earn in %

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

Confirmation

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

This registration was entered by

First name

Last name
