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Your Swiss Insurer

Postal address
Helvetia Insurance
P.O. Box 99
8010 Zurich

Termination of employment

Employer

Company

Contract number

Employee

Policy no.

Title

- ◯ Ms
- ◯ Mr

First name

Last name

Street

No.

Postcode

Place

Country

Date of birth

Marital status

since, date

E-mail

Is the insured fully fit for work or capable of gainful employment?

- ◯ Yes
- ◯ No

Note: If we have not yet been notified of incapacity for work, the form "Incapacity to work or to earn" must be submitted.

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Departure details and termination benefits

End of employment

Is the departure a result of restructuring?

◯ Yes

◯ No

For persons older than 58: Are any collective bargaining arrangements in place for early retirement?

◯ Yes

◯ No

according to

Termination benefit

Is the use of the termination benefit known?

◯ Not known

◯ Joining a new employee benefit institution

New occupational benefits institution

Employee benefit institution

Name of the employee benefit institution

Additional name

Adsress

Street

No.

Postcode

Place

Country

Account details and contract number

IBAN

Account number

Reference no.

Contract number

Is the new employer known?

◯ Yes

◯ No

New employer

Name of the new employer

Street

No.

Postcode

Place

Country

Documents

Documents attached:

Note: We need further information from your employee about the use of the termination benefit.

How should the employee receive the relevant form?

- ◯ The company will hand the necessary form out to the employee.
- ◯ The employee should receive the form by e-mail.
- ◯ The foundation should send the employee the form by post.

Employee's private e-mail address

Please give the following form to your employee for further details on the use of the termination benefit. This form must be completed and signed by your employee and then returned to us.

1. Transfer of the vested benefit to a new employee benefit institution (new job)
2. Opening of a vested benefits policy/account, cash disbursement (no new job)

Confirmation employer

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

This registration was entered by

First name

Last name

Your mail address for possible clarifications

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).