

## NOTIFICATION OF INABILITY TO WORK

### Employer details

Employer name : ..... Contract No. : .....  
Contact person : ..... PO Box : .....  
Phone No. : ..... Street, No. : .....  
E-Mail : ..... Postcode, Place : .....

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### Personal data of insured person

Name, First name : ..... Date of birth : .....  
OASI (AVS) No. : ..... Gender :  M  F  
Street, No. : ..... Postcode, Place : .....  
Phone No. (private) : ..... E-mail : .....  
Civil status from : .....  
 single  married  divorced  
 bound by a registered partnership  partnership dissolved  widowed  
Co-habiting partner :  Yes  No  
Language :  FR  DE  EN  IT

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### Information concerning inability to work and professional situation

Date of hire : ..... Start of incapacity for work (exact date) : .....  
Degree of employment prior to incapacity for work : .....%

### Announcement / Request to another insurer

Daily sick leave allowance insurance Date : ..... Name and address : .....  
 Accident insurance (LAA) Date : ..... Name and address : .....  
 Disability insurance (IV/AI) Date : ..... Name and address : .....  
 Federal Military insurance Date : ..... Name and address : .....

### Please enclose copies of the notices and any daily allowance statements and medical certificates

Degree and duration concerning incapacity for work ..... % from ..... to .....  
..... % from ..... to .....  
..... % from ..... to .....

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### Employment status :

- Professional activity pursued prior to incapacity for work : .....
  - Will the insured person be able to return to the same professional activity ?  Yes  No
  - Is or will the employment contract be terminated ?  Yes  No
- If the employment relationship has been terminated :
- By whom ? .....
  - By what date ? .....
  - For what reasons ? .....

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### Case Management

- Is a case manager from another insurance company already involved ?  Yes  No
- If yes, specify insurance company and case manager's name : .....
- Are there alternative job placement options in your company ?  Yes  No
- If yes, have they been assessed internally ?  Yes  No
- Do you wish to receive assistance from our reinsurer PKRück's experts in this regard ?  Yes  No

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### Comments

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Place and date : ..... Employer's stamp/signature : .....