

**Confidential**

GEMINI Sammelstiftung  
c/o Avadis Vorsorge AG  
Leistungsdienst  
Zollstrasse 42  
Postfach  
8031 Zürich

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## Notification of inability to work

### Insured person's details

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Employee benefits unit

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Company

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Fund type  Pension fund  Management scheme/supplementary fund

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**Insured person**

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**Surname**

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**First name**

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OASI number Insurance number Gender

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Date of birth Marital status

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Address

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Postcode and city

### Inability to work

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Commencement of the inability to work from to at %

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from to at %

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Cause  Illness  Accident  Pregnancy

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Complaints

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### Attending physician

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Name

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Specialism

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Address

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Postcode and city

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## Insurance provider(s)

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Registration undertaken with	<input type="checkbox"/> daily sickness benefit insurance	<input type="checkbox"/> accident insurance
	<input type="checkbox"/> federal disability insurance	<input type="checkbox"/> federal military insurance

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Name of companies	1.
	2.

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## Employment relationship

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Has the employment relationship been dissolved?  Yes, as of \_\_\_\_\_  No

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If the employment relationship has been dissolved, please provide the notice of departure.

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## Documents

Please provide us with the necessary documents as quickly as possible. GEMINI Collective Foundation (fund) and the Zurich Versicherung (reinsurer) will process the claim as soon as the documents mentioned are available in full.

- Statements (copies) of daily sickness benefits/accident allowances**  
These must be provided from the benefit commencement date onwards. Please ensure that further statements are provided to the foundation unprompted on an ongoing basis.
- Medical certificate**  
A medical certificate is required when the waiting period for the daily sickness benefit insurer is more than three months or if the inability to work is interrupted during the waiting period.

## Employer contact

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Surname \_\_\_\_\_

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First name \_\_\_\_\_

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Phone number \_\_\_\_\_

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E-mail address \_\_\_\_\_

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## Notes

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Place/date

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Company stamp and signature

## Power of attorney granted by the insured person

The insured person authorises the fund and the reinsurer to process the data required in order to determine the risk benefits so that the reported claim can be settled. If required, the data will be transmitted to third parties involved in the matter, especially co-insurers, reinsurers, other insurers and case managers, for processing.

The insured person authorises medical personnel and their assistants to disclose to the fund and the reinsurer, on request, the data required for the settlement of the claim in question and expressly releases these individuals from their confidentiality obligation.

The fund and the reinsurer are also authorised to seek information and inspect documents at employers, official bodies, in particular, disability offices, occupational employee benefits institutions, health insurers, accident insurers (UVG), unemployment insurers, other social/private insurers involved, and case managers. The insurance provider permitting this inspection of documents is authorised to provide the fund and the reinsurer with copies of the files relevant to the settlement of the reported claim, without a renewed request being made.

The insured person authorises the fund and the reinsurer to transmit data to the relevant disability office, fund or other social/private insurers involved. In the event of recourse claims against liable third parties or their liability insurers, the insured person consequently authorises the fund and the reinsurer to provide the same with the data required for the assertion of the recourse claim.

The power of attorney is granted by the insured person regardless of whether the benefit is paid. The fund and the reinsurer undertake to handle the information they receive in line with data protection requirements and to adhere to the enhanced duty of care regarding the handling of personal data.

## Declaration

The insured person hereby confirms that the information provided is accurate and complete.

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Place/date

Signature

## Information

If you have any questions, the benefits service would be happy to assist via telephone on 058 585 13 34.