

Notice of disability

Employer : _____
Pension plan : _____
Surname and name of employee : _____
OASI No : _____

Inability to gain and professional status :

Date of incapacity : _____
Cause of incapacity : ☐ illness ☐ accident or occupational disease
Degree of incapacity :
_____ % from _____ to _____
_____ % from _____ to _____
_____ % from _____ to _____

We would kindly ask you to send us copies of statements of loss of learning, medical records, accident sheets. Decisions made by the insurer on daily benefits, AI, military insurance, accident insurance or any social insurance.

Daily benefits insurance name and address : _____

Accident insurance (LAA) name and address : _____

Has a demand been made or will be made towards your disability insurance ?

☐ yes ☐ no If yes, as of which date ? _____

The employment contract has it been or will it be terminated ?

☐ yes ☐ no If yes, as of which date ? _____

If yes, please fill out a notice of exit and provide us with the personal address of the insuree.

Statements :

The undersigned hereby releases the AI, military insurance, accident insurance, daily sickness benefits insurance, foreign social insurance, all doctors and hospitals as well as any other people of privilege and secret service towards the Patrimonia Foundation. They allow institutions and individuals named above to provide the latter with all the information necessary for the implementation of the person fund staff and give him the right to inspect the files.

Only the necessary information will be requested and Patrimonia Foundation will treat all data as strictly confidential. The relevant data are used only for treatment of occupational pension contracts.

Place and date : _____

Name, first name of the insuree : _____

Signature of the insuree : _____

Patrimonia Foundation

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