

| <p>1. Anfragender Versicherer Auswahl Vers. Gesellschaft (Adresse, PLZ, Ort)</p> <p>Datum: _____</p> <p>Name: _____</p> | <p>Empfänger</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>2. Antragssteller / Versicherungsnehmer (Name, Adresse, Sitz)</p> | <p>_____</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Police Nr. und Vertragsdauer Ist oder wird der Vertrag gekündigt?</p> | <p>_____ Beginn: _____ Ende: _____</p> <p><input type="checkbox"/> Nein <input type="checkbox"/> Ja, per wann: _____ durch wen: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Vers. Personengruppen (*): Versicherter Höchstlohn pro Person Versicherte mit festen Jahreslöhnen Taggeld / Wartefrist / Leistungsdauer</p> <p>Abgerechnete Jahreslohnsummen ohne feste Jahreslöhne (sofern noch nicht abgerechnet, provisorische Jahreslohnsumme)</p> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding: 5px;"> <p>① _____</p> <p>CHF _____</p> <p>M CHF _____ F CHF _____</p> <p>_____ % _____ Tage _____ Tage</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Jahr</th> <th>Männer</th> <th>Frauen</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> <td style="width:50%; padding: 5px;"> <p>② _____</p> <p>CHF _____</p> <p>M CHF _____ F CHF _____</p> <p>_____ % _____ Tage _____ Tage</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Jahr</th> <th>Männer</th> <th>Frauen</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> </tr> </table> | <p>① _____</p> <p>CHF _____</p> <p>M CHF _____ F CHF _____</p> <p>_____ % _____ Tage _____ Tage</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Jahr</th> <th>Männer</th> <th>Frauen</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Jahr | Männer | Frauen | | | | | | | | | | | | | | | | | | | | | | <p>② _____</p> <p>CHF _____</p> <p>M CHF _____ F CHF _____</p> <p>_____ % _____ Tage _____ Tage</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Jahr</th> <th>Männer</th> <th>Frauen</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | Jahr | Männer | Frauen | | | | | | | | | | | | | | | | | | | | | |
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| <p>5. Schadenaufwand (Stand _____)</p> | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Jahr</th> <th>Anzahl Fälle</th> <th>Davon Anzahl pendente Fälle</th> <th>Zahlungen (CHF)</th> <th>Bedarfsrückstellungen (CHF)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Jahr | Anzahl Fälle | Davon Anzahl pendente Fälle | Zahlungen (CHF) | Bedarfsrückstellungen (CHF) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>6. Langzeitfälle (*) (Stand _____)</p> <p>Personen</p> <ul style="list-style-type: none"> - welche die Leistungen ausgeschöpft haben und/oder - mit Leistungsbezug über CHF 10'000.-- pro Fall und/oder - mit pendentem Schadenfall, der gemäss Freizügigkeitsabkommen auf den neuen Versicherer übertragen werden kann. | <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Nr.</th> <th>Beginn Arbeitsunfähigkeit</th> <th>Erschöpft (a) Erledigt (e) Pendent (p)</th> <th>Zahlungen (CHF)</th> <th>Bedarfsrückstellungen (CHF)</th> </tr> </thead> <tbody> <tr><td>1</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> <tr><td>2</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> <tr><td>3</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> <tr><td>4</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> <tr><td>5</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> <tr><td>6</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> <tr><td>7</td><td> </td><td>a / e / p</td><td> </td><td> </td></tr> </tbody> </table> | Nr. | Beginn Arbeitsunfähigkeit | Erschöpft (a) Erledigt (e) Pendent (p) | Zahlungen (CHF) | Bedarfsrückstellungen (CHF) | 1 | | a / e / p | | | 2 | | a / e / p | | | 3 | | a / e / p | | | 4 | | a / e / p | | | 5 | | a / e / p | | | 6 | | a / e / p | | | 7 | | a / e / p | | | | | | | | | | | | |
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| 7 | | a / e / p | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Bemerkungen zur Risikobeurteilung und zu beteiligten Versicherern.</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Datum: _____</p> | <p>BearbeiterIn _____</p> | <p>Telefon-/Faxnummer _____</p> | <p>Unterschrift: _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(*) Bei mehr als 2 Personengruppen und/oder mehr als 7 Schadenfällen bitte die Angaben auf der Rückseite oder auf einem Zusatzblatt aufführen

Dieses Formular ist innert 10 Arbeitstagen nach Eingang der Anfrage zurückzusenden