

Termination notice

Please tick the applicable boxes .

Insured person

Surname

First name

SWICA insured person no.

Date of birth (day/month/year) Gender Male Female

Nationality

Residence permit (please enclose copy)

Occupation

Street/no.

Postcode/town

Phone home

Phone office

Mobile

Email

Insured persons who are Swiss residents or residents of the Principality of Liechtenstein can purchase individual insurance from SWICA within 90 days from the date when they leave the company. Persons who are not Swiss residents or residents of the Principality of Liechtenstein must contact an insurance carrier in their country of residence.

Declaration of insured person

I will leave/have left the company. on

The group insurance contract of my employer will be/has been terminated. on

I am interested in continuing my insurance and would like an offer without any obligation.

I waive my right to continue the insurance.

In this case, the supplementary questions do not have to be answered; please just sign the form.

Supplementary questions

(Only answer these questions if you would like an offer for the transfer of your policy.)

Are you currently incapacitated/unable to work?	No	Yes, as a result of illness accident
Are you unemployed?	No	Yes
Have you registered for unemployment benefits? (If so, enclose copy of unemployment insurance settlement/confirmation.)	No	Yes, on
If so, do you have financial obligations towards any children?	No	Yes
Do you already have a new employment contract or have you already started a new job?	No	Yes, on
If so, does your new employer already have group daily benefits insurance?	No	Yes
Are you becoming self-employed?	No	Yes, on

Job

Company name

With my signature I confirm that I have been informed about my right to transfer to the individual insurance of SWICA. I am also aware that my daily benefits insurance ceases on the day when I withdraw from the group insurance plan. At the same time, I confirm that the details I have given are correct.

Place/Date

Stamp and signature

Details of employer

We need the following details if a transfer to individual insurance is requested:

Company policy no.

Date of joining the company

Date of leaving the company

Fixed-term employment contract of 3 months or less?

No

Yes

Auxiliary staff working occasionally?

No

Yes

Gross pay (salary subject to AHV contributions) CHF

Incl. 13th month's salary

Yes

Liable for tax at source

No

Yes, ZAR no.

Is the person receiving or has she/he applied for a pension?

No

Yes

Place/Date

Stamp and signature

There for you in your area

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