



Early intervention notification/ Reintegration after illness

Contract no. /

Health-related work absences are a regular occurrence at companies. In order to avoid longer absences, companies should seek out professional support right away. This increases the chances of the employee successfully returning to work as soon as possible.

If you need help with reintegrating an employee in the workplace, then complete the "Early intervention notification/Reintegration after illness" form and send it to us. A case manager will contact you directly.

Employer Name and town

.....
Contact person Email address Telephone no.

Insured person

.....
Last name First name Insurance number

.....
Street, postcode and town Date of birth Gender

m f

.....
Private email address Private telephone no.

Incapacity for work

.....
Incapacitated since

Power of attorney

.....
This notification is only valid together with the insured person's signed power of attorney. Please enclose with this form.

.....
Date On behalf of the Foundation/employer

.....
Please send the completed form to:
AXA_CH_BOX_Intake intake@axa.ch



Authorization and assignment

Contract no. /

Insured person	Last name	First name	Insurance number	
	Street, postcode and town		Date of birth	Gender
Can be reached at	Private email address		Telephone no.	
	Occupation by training		Occupation/position	
	<input type="checkbox"/> m. <input type="checkbox"/> f.			

Data processing AXA Group companies operating in Switzerland and the Principality of Liechtenstein – hereinafter referred to as “AXA” – are authorized to process data.

- reviewing entitlements to benefits;
- processing benefits;
- reviewing and asserting recourse claims;
- reintegrating the person into working life.

The undersigned hereby agrees that AXA may process all the necessary information in connection with

Obtaining information AXA is authorized to obtain information including medical records from third parties, such as insurers, public offices, doctors, therapists, clinics, care providers, employers and their representatives, pension and health insurance funds, daily benefits, occupational benefits and vested benefits institutions, compensation funds, the Swiss federal disability insurer, and other persons and institutions in possession of relevant information.

Release from confidentiality obligation The persons and institutions referred to above are released from their confidentiality obligations.

Passing on information Furthermore, the undersigned hereby authorizes AXA to forward such information to participating third parties shown under “Obtaining information” for the purposes described under “Data processing”.

Exchange of information within AXA This authorization also includes the exchange of information for specific purposes between AXA companies operating in Switzerland and the Principality of Liechtenstein.

No automatic data exchange No data is exchanged automatically. AXA is not obligated to conduct inquiries with third parties in every case or to pass on information of its own accord – even within AXA. Data is passed on only for a specific purpose and based on a specific request.

Truthful information This authorization does not release the undersigned from the obligation to provide truthful and complete information. It also does not release the undersigned from the obligation to duly notify benefit entitlements to the relevant institutions in accordance with applicable rules.

Validity period This authorization also applies to benefits in the event of death.

Confidentiality AXA undertakes to treat all information it receives as confidential and only in connection with a specific purpose.

Form of transfer/information exchange by email Email exchanges generally rely on data networks that are hard to control. For this reason there is a risk that unauthorized parties may be able to access and alter the information that is being exchanged as well as the sender’s email address. that AXA may exchange information by email with him or her and with the third parties listed under “Obtaining information”.

The undersigned is aware of the risks involved in sending information by email. The undersigned hereby expressly agrees AXA will save the email address you specified in its address management system. The undersigned must inform AXA immediately if this address should change.

Assignment If the undersigned or another eligible claimant is awarded damages from an insurance claim brought against a third party that is liable for that case, all claims up to the amount in regulatory benefits are assigned to the occupational benefits institution that must pay benefits.

Date _____ Signature of the insured person or the legally appointed representative _____

Information regarding Data Privacy is available under the following link: [AXA.ch/data-protection](https://www.axa.ch/data-protection)