



Notification of end of temporary interruption

Contract no. /

of work for seasonal workers (resumption of work)

End of temporary interruption of work

Please use this form to notify us of all persons for whom you have reported a temporary interruption of work, when they resume work.

Employer Name and location*

1 Insurance number*	2 Name*		3 Annual salary CHF*	4 Date of reentry*			5 Fully able to work from a health viewpoint*		6 Additional information, if needed
	Date of birth*	First name* Gender*		Day	Month	Year	Yes	No	
	N.J.	F.I.					<input type="checkbox"/>	<input type="checkbox"/>	
	D.I.	G.I. <input type="checkbox"/> m <input type="checkbox"/> f					<input type="checkbox"/>	<input type="checkbox"/>	
	N.J.	F.I.					<input type="checkbox"/>	<input type="checkbox"/>	
	D.I.	G.I. <input type="checkbox"/> m <input type="checkbox"/> f					<input type="checkbox"/>	<input type="checkbox"/>	
	N.J.	F.I.					<input type="checkbox"/>	<input type="checkbox"/>	
	D.I.	G.I. <input type="checkbox"/> m <input type="checkbox"/> f					<input type="checkbox"/>	<input type="checkbox"/>	
	N.J.	F.I.					<input type="checkbox"/>	<input type="checkbox"/>	
	D.I.	G.I. <input type="checkbox"/> m <input type="checkbox"/> f					<input type="checkbox"/>	<input type="checkbox"/>	
	N.J.	F.I.					<input type="checkbox"/>	<input type="checkbox"/>	
	D.I.	G.I. <input type="checkbox"/> m <input type="checkbox"/> f					<input type="checkbox"/>	<input type="checkbox"/>	

*Mandatory

Comments

Insurance coverage

We have taken note of the fact that insurance coverage depends upon accuracy of the declaration above and that AXA may cancel insurance coverage in accordance with the legal provisions if the information provided here is incorrect. See "Details on the application form" for more details on insurance coverage.

Ability to work

For persons who are not fully capable of work from a health viewpoint (see column 5), we are submitting the form "Supplement to the application" (see "Details on the application form" ability to work").

We confirm that all persons marked with "Yes" are fully able to work from a health viewpoint.

Person submitting notification on behalf of the employer

Date _____ Surname _____ First name _____
 E-mail address _____

Please send to formservice.bvg@axa.ch

or to:
AXA
Postfach 300
8401 Winterthur

Details on the application form

Ability to work	<p>A person is not considered to be fully fit for work from a health viewpoint if, at the beginning of the insurance, he/she</p> <ul style="list-style-type: none">– must be absent from work, partly or fully, for reasons of health,– receives daily allowances due to sickness or accident,– has filed a claim with a federal disability insurance,– receives a pension for full or partial disability,– can no longer be employed in a manner suitable to his/her education or abilities for reasons of health. <p>All other persons are considered to be fully fit for work.</p>
The form “Supplement to the application”	<p>The form “Supplement to the application” is to be submitted for all persons who are not fully fit for work from a health viewpoint.</p> <p>A “Supplement to the application” must also be submitted for those persons whose initial or, in case of changes, additional benefits to be insured exceed certain limits. AXA will notify you about these persons accordingly.</p> <p>Inclusion in the insurance may depend on the results of a physical examination or information provided by a doctor. We bear the corresponding costs.</p> <p>If the insured person refuses to participate in any parts of the medical examination, the benefits for the risks of disability and death will be reduced to the minimum defined in statutory provisions.</p>
Insurance coverage	<p>Insurance coverage is definite and without reservation for all persons who require no “Supplement to the application”.</p> <p>For all other persons, coverage is definite and without reservation for</p> <ul style="list-style-type: none">– the minimum benefits in accordance with the BVG/LPP, provided these are insured, as well as for– benefits which are funded with vested benefits transferred into the plan, to the extent that these benefits were insured with the previous occupational benefits institution without reservation. <p>Insurance coverage remains provisional for the time being for the other benefits. We will inform you in writing if normal pension coverage applies, if a proviso (restriction) has been effected, or if coverage has been excluded in full.</p>
Total pension plan coverage	<p>Insured persons must inform each of their occupational benefits institutions about their total pension plan coverage if the sum of all their salary and income subject to AHV/AVS contributions is more than ten times the upper BVG/LPP limit.</p>