asga

Rosenbergstrasse 16
Postfach, 9001 St.Gallen

T +41 71 228 52 52
F +41 71 228 52 55

leistung@asga.ch
www.asga.ch

Notification of incapacity for work

Please complete in block capitals. Forms completed in full save you and us extra work.

☐ **Pensionskasse (pension fund)** ☐ **Vorsorgestiftung (pension foundation)**

Information on benefit cases

- *Waiting period for contribution waiver in accordance with contract.*

1. Company name

Name	
Member/contract no.	
Contact person	☐ Company name ☐ Broker
E-mail	Tel. no.

2. Insured

Last name		First name	
AHV/AVS no.		Marital status	
Date of birth		Gender	☐ M ☐ F
Street, no.		Postcode	Place
E-mail		Tel. no.	
Language	☐ GE ☐ FR ☐ IT ☐ EN	Current occupation	

3. Insured case

Cause	☐ Accident ☐ No sickness benefits insurance ☐ Diagnosis:	☐ Sickness ☐ No sickness benefits insurance ☐ Diagnosis:	☐ Pregnancy
Occupational disability since (date)			
Name of daily sickness benefits provider		Address	
Reference no.		Name of contact person	
Tel. no.			

▾ *Please pay particular attention to the following page.*

Employment

Degree of employment before incapacity for work set in

☐ Employment is continuing

☐ Employment was terminated as of

ⓘ *If your employment has been terminated, please send us your notice of termination separately.*

Remarks

Power of attorney

Please send us the signed power of attorney from your employer. By sending us the power of attorney, you will help us process your case as quickly as possible. Please let us know if you would like Asga to obtain the power of attorney subsequently.

☐ Signed power of attorney attached

☐ Asga is to obtain the power of attorney subsequently (processing time depends on receipt of power of attorney)

ⓘ ***Please attach the following documents to this form:***

- *Copies of the accident or sickness report*
- *Copies of any benefit and daily sickness benefit statements from insurance policies (AIA, KTG, etc.)*
- *Doctor's certificate if there is no health insurer*
- *Power of attorney from the insured*

Place Date

Stamp and signature of company

- *Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.*

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Power of attorney

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1. Company

Name

Member/contract no.

Power of attorney

a) Other insurers

For the purpose of verifying the claim and entitlement to benefits, **the insured authorizes**

Last name | First name

AHV/AVS no.

Asga Pensionskasse Genossenschaft to obtain the required information and inspect the relevant documents (such as medical reports and reports by other institutions such as the occupational guidance service) of all public and private insurance institutions, including health insurance funds, health insurers, daily sickness benefit insurers, accident insurers, IV/AI offices, occupational benefits institutions, etc., involved in this case).

b) Doctors and other medical service providers

In addition, the undersigned authorizes **Asga Pensionskasse Genossenschaft** to obtain the information it believes to be essential from doctors and other providers of medical services such as hospitals, sanatoriums, etc. The doctors and the above-mentioned institutions are thus released unconditionally from their duty of confidentiality vis-à-vis Asga Pensionskasse Genossenschaft.

c) Forwarding of own files

The undersigned also authorizes **Asga Pensionskasse Genossenschaft** to forward documents, in particular medical documents, detailing the development of the incapacity for work to the relevant health/accident insurance and the IV/AI office with a view to increasing the chance of reintegrating the person into working life. This procedure, however, does not replace the registration with the health/accident insurance and IV/AI, which is the responsibility of the insured themselves.

By signing this document, the undersigned grants the above-mentioned power of attorney without proviso (a to c).

Accident or claim number

Address

Postcode, town or city

Place | Date

Signature of insured or their legal/appointed representative

▸ Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.