

Information sheet on switching from supplementary accident insurance (UVGZ) to individual insurance (UVGZ-E)

General Conditions of Insurance, version 2023-04

Who is allowed to switch?	Any insured person resident in Switzerland or Liechtenstein is entitled, upon leaving the group of insured persons covered under their collective insurance scheme, to switch to elipsLife's UVGZ-E. However, UVGZ-E insurance cover can only be taken out if the insured person was already covered under their employer's (policyholder) UVGZ insurance policy with elipsLife.
Insurance purpose	<p>UVGZ-E allows applicants to take out extended cover for treatment costs by way of extension to the interim accident insurance (extension of cover for non-occupational accidents in accordance to AIA) or by way of extension to their Swiss military insurance (MV).</p> <p>Cover remains in place for the agreed period of the contract but no longer than the maximum period available under the Swiss interim accident insurance according to AIA or according to the AIA of Liechtenstein (maximum 6 months).</p>
Time limit for switching schemes	If you wish to exercise your right to switch you must confirm this in writing prior to the expiry of the additional coverage period under the terms of the Swiss AIA or the Liechtenstein UVersG that runs from the date of leaving the group of insured persons, the end of benefit entitlement or the termination of the insurance contract.
Scope of insurance cover	<p>The conditions and rates apply that are in place at the time of switching to the UVGZ-E insurance scheme. Extended cover for treatment costs (by way of extension to the interim accident insurance or by way of extension to Swiss military insurance cover) for non-occupational accidents can be included in UVGZ-E within the scope of the benefits agreed under the previous collective scheme.</p> <p>UVGZ-E cannot be used to provide more extensive benefits such as daily allowances, pension benefits, special risk, continued provision of salary, or lump sums in the event of death or invalidity.</p>

Exclusion from right to switch

Applicants do not have a right to switch

- a) if they change jobs and transfer into their new employer's insurance scheme;
- b) if the contract expires and is succeeded by a contract provided by a different insurance company for the same group of persons;
- c) if they are currently eligible to receive benefit under the existing scheme;
- d) if the insured person retires early or on their normal retirement date;
- e) if cover has been agreed simply on a provisional basis;
- f) once the maximum benefit period under this policy has been reached;
- g) if they are self-employed (this exclusion also applies to members of the applicant's family working in the same business in respect of whom no Old Age and Survivors Insurance (OASI) contributions have been paid);
- h) if they become self-employed;
- i) if the insured person is resident outside Switzerland or Liechtenstein;
- j) if they are employed on a short-term contract basis of three months or less,
- k) if they have attempted to commit or have actually committed insurance fraud, or if the insured person has breached their disclosure obligations.

Conditions of Insurance

The policy is subject to the General Conditions of Insurance (GCI) in respect of supplementary accident insurance (UVGZ), version 2023-04, and individual supplementary accident insurance (UVGZ-E), version 2023-04.

Should your UVGZ contract be subject to older General Conditions of Insurance, these will continue to apply when you switch to UVGZ-E.

Data protection provisions

By signing the "Application form for switching to individual daily sickness benefit (UVGZ-E) insurance below, you consent to elipsLife processing the personal data you provided below to the extent necessary to prepare the offer and conclude the individual short-term disability benefit insurance. The data is stored electronically at elipsLife and deleted after expiry of the legally prescribed archiving obligation. To exercise your data protection rights, in particular your right to information, please contact us in writing at compliance@elipslife.com or by post (Elips Life Ltd, Compliance, Gewerbeweg 15, LI-9490 Vaduz).

In the event of a claim, elipsLife obtains separate consent from the insured person, in particular for the collection and use of health data as well as a corresponding declaration regarding the release from the duty of confidentiality.

Application form for switching to individual supplementary accident insurance (UVGZ-E)

1. Details of insured person:

Last name, first name:	<input type="text"/>	Gender:	<input type="checkbox"/> male	<input type="checkbox"/> female
Street, No.:	<input type="text"/>	Date of birth:	<input type="text"/>	
Postcode, town/city:	<input type="text"/>	Telephone No.:	<input type="text"/>	
Bank/post office:	<input type="text"/>	PC No./IBAN:	<input type="text"/>	
Postcode, town/city:	<input type="text"/>	E-mail address:	<input type="text"/>	

2. Declaration of the insured person:

I am interested in continuing my supplementary accident insurance (UVGZ) and would like to receive a non-binding offer. Yes

I waive my right to continue UVGZ. Yes

3. Length of UVGZ.E:

1 month 2 months 3 months 4 months 5 months 6 months

I hereby confirm that an interim accident insurance according to the AIA (Switzerland or Liechtenstein) or to the Swiss military insurance (MV) scheme exists for the contract term indicated above. Yes

4. Supplementary information:

Are you fit and capable of work? Yes No
Do you intend to become self-employed? Yes No

By signing, I confirm that I am aware of my right to transfer to elipsLife's UVGZ-E. I also consent to elipsLife processing the personal data I have provided on this form to the extent necessary for issuing the offer and concluding the individual short-term disability benefit insurance. I also acknowledge that my insurance cover under the UVGZ of my former employer expires upon the end of the employment contract. I also confirm the accuracy of the information provided.

Place, date	<input type="text"/>	Signature of applicant:	<input type="text"/>
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Employer's details:

Company name:	<input type="text"/>	Policy No.:	<input type="text"/>
Street, No.:	<input type="text"/>	Date employee joined the company:	<input type="text"/>
Postcode, town/city:	<input type="text"/>	Date employee left the company:	<input type="text"/>
Contact person:	<input type="text"/>	Annual salary:	CHF <input type="text"/>
Group of persons as per policy:	<input type="text"/>		
Place, date	<input type="text"/>	Signature of employer:	<input type="text"/>

Please complete and sign this application form and send it to elipsLife.