

# Information sheet on switching from daily sickness benefit (DSB) insurance to individual daily sickness benefit (DSB-I) insurance

General Conditions of Insurance, version 2023-04

<b>Who is allowed to switch?</b>	Any insured person resident in Switzerland is entitled upon leaving the group of insured persons covered under a collective insurance scheme to switch to elipsLife's DSB-I insurance. However, DSB-I insurance cover can only be taken out if the insured person was already covered under their employer's (policyholder) DSB insurance scheme with elipsLife.
<b>Insurance purpose</b>	DSB-I insurance covers loss of earnings where the insured person is unable to work due to illness. The policy allows people who leave their existing scheme to insure against any future incapacity to work.
<b>Time limit for switching schemes</b>	If you wish to exercise your right to switch you must confirm this in writing within three months of leaving the group of insured persons, the end of benefit entitlement or the termination of the insurance contract.
<b>Scope of insurance cover</b>	<p>The conditions and rates apply that are in place at the time of switching to the DSB-I insurance scheme. The amount of the daily allowance is limited to the amount earned at the time of switching or to the amount of unemployment insurance (ALV) benefit, provided this is no greater than the amount of benefit provided by the previous scheme or the maximum daily allowance that can be covered under the DSB-I insurance scheme. Persons who are not in active employment are covered up to the maximum amount provided for under the Old Age and Survivors Insurance (OASI).</p> <p>In the event of unemployment and in return for a corresponding premium adjustment, the waiting period is adjusted to 30 days, irrespective of state of health. Should the insured person prefer a shorter waiting period, they must submit a health declaration based on which their request will then be either accepted or rejected. The right to switch in line with current benefits can be exercised; however, there is a minimum waiting period of 30 days.</p>

**Exclusion from right to switch**

Applicants do not have a right to switch

- a) if they take up a position with a new employer and transfer into the new employer's DSB insurance scheme;
- b) if the policyholder has taken out a new policy with another insurance company covering this group of persons, and that insurance company is obliged under the transfer agreement (Freizügigkeitsabkommen SVV/Santésuisse) to ensure that cover continues to be provided;
- c) if subsequent benefits are still being paid under the existing policy;
- 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 OASI contributions have been paid);
- h) if they become self-employed;
- i) if the insured person is resident outside Switzerland;
- j) if they are employed on a short-term contract basis of three months or less (an exception to this is if, immediately upon leaving the group of insured persons, they are regarded as unemployed within the meaning of Article 10 of the Unemployment Insurance Act (UIA));
- 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 daily sickness benefit insurance (DSB), version 2023-04, and individual daily sickness benefit insurance (DSB-I), version 2023-04.

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

**Data protection provisions**

By signing the "Application form for switching to individual daily sickness benefit (DSB-I) 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](mailto:compliance@elipslife.com) or by post (Elips Life Ltd, Compliance, Industriestrasse 56, 9491 Ruggell).

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 daily sickness benefit (DSB-I) insurance

### 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 daily sickness benefit insurance (DSB) and would like to receive a non-binding offer.  Yes

I waive my right to continue DSB.  Yes

### 3. Supplementary information:

Are you fit and capable of work?  Yes  No

– If no, do you receive daily allowances due to your inability to work?  Yes  No

Are you unemployed?  Yes  No

– If yes, please enclose statement from unemployment insurance office.

Do you have a new employer?  Yes  No

– If yes, please indicate the start date:

Do you intend to go self-employed?  Yes  No

By signing, I confirm that I am aware of my right to transfer to elipsLife's DSB-I. 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 KTG 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	<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"/>
Benefit (to date):	<input type="text"/> % of salary	Waiting period:	<input type="text"/> days
Place, date	<input type="text"/>	Signature of employer:	<input type="text"/>

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