Financial Situation

Daily sickness benefits (KTG)
Supplementary accident insurance (UVGZ)

Insured person

Last name, first name

Date of birth ___ Day ___ Month ____ Year Gender ☐ male ☐ female

Employer, company Occupation

Please answer the following questions correctly and in full. If you provide an inaccurate or incomplete answer, Elips Life Ltd may terminate the contract. Elips Life Ltd shall not be liable for any damages the occurrence of which has been influenced by the incorrect answer to the question.

Financial situation (only complete if fixed salary* is to be insured)

* Note: the fixed annual salary consists of the OASI salary plus work-related expenses, whereby the latter may not exceed 30% of the OASI salary. In addition, elipsLife assumes maximum work-related expenses of CHF 50 000. In accordance with Art. 2.1.3 of the GPC, the obligation to pay benefits is limited to the damage actually incurred.

Details of OASI salary paid p.a. for the past three years:

	2021	2022	2023
OASI salary paid p.a.	CHF	CHF	CHF
Level of employment	%	%	%
For start-ups, information on projected OASI salary per year			CHF
Date of foundation	___ Day ___ Month ____ Year		
Information on work-related expenses per year			CHF
Fixed salary requested per year			CHF

Do you already have accident and short-term disability insurance? ○ yes ○ no

If yes, which?

Company	Term	Type of insurance	Total
			CHF
			CHF
			CHF

Comments

Please note: The basis for assessment of the daily allowance is the average of the salaries subject to OASI contributions over the past three years, up to a maximum of the insured fixed salary.

In the event of a claim, the above information will be checked and the benefits may be adjusted or rejected if necessary.

Declaration

The insured person confirms that he or she has completed the information on their financial situation completely and accurately.

Place and date

Signature of insured person

Health Declaration

Daily sickness benefits (KTG)
Supplementary accident insurance (UVGZ)

Insured person

Last name, first name

Date of birth ___ Day ___ Month _____ Year Gender ☐ male ☐ female

Employer, company Occupation

1 Are you currently fully capable of working? ○ yes ○ no
If no, please state the reason, duration and degree as a percentage of your incapacity to work: %

2 Height cm Weight kg

3 Have you smoked or used other products containing tobacco or nicotine (including e-cigarettes and snus) in the last 3 years? ○ yes ○ no
If yes, please state type of consumption and amount:

4 Have you consumed alcohol in the last three years (1 unit = 100ml wine/300ml beer/40ml spirits)? ○ yes ○ no
If yes, please state the number of units per week:

5 Have you been fully or partly absent from work for health reasons for more than two weeks in the past 24 months? ○ yes ○ no
If yes, please state the reason and

6a Have you been treated in a hospital, sanatorium or convalescent home in the past 5 years, or is inpatient treatment planned? ○ yes ○ no

6b Do you have or have you had any physical, mental or psychological illnesses, disorders or complaints in the past five years? ○ yes ○ no

6c Do you suffer from the consequences of an accident, illness or infirmity (e.g. ankylosis, loss of limb, bone fixation, visual or hearing impairment)? ○ yes ○ no

If the answer to 6a, 6b or 6c is yes, please

Type of complaint and treatment method	from	to	Doctor or hospital providing treatment (exact address and department)	Healed without consequences?
				○ yes ○ no
				○ yes ○ no
				○ yes ○ no

7 Have you had any abnormal test results? x-ray, ECG, HIV test, urine test, blood test or other special tests? ○ yes ○ no
If yes, which? What was the result?

8 Do you take regular medication? In the case of antihypertensives, please provide figures from the last measurement. ○ yes ○ no
If yes, which? Reason?
Doctor providing treatment:

9 Have you had an application rejected by an insurance company, postponed or accepted only under less favourable conditions (higher premium, reduced term of insurance or benefits)? ○ yes ○ no
If yes, when and why?

10 Are you claiming any benefits from disability, military, short-term disability benefit or accident insurance now or at the commencement of the insurance, or insurances? Please enclose a copy of any decisions. ○ yes ○ no
If yes, when and why?

11 Which doctor is most familiar with your medical history? Enter more than one address if necessary.

Name, address, telephone number: _____

Name, address, telephone number: _____

12 Are you insured under a Callmed model with your health insurer? ○ yes ○ no

If yes, which health insurer are you insured with? _____

13 Do you play sports? ○ yes ○ no

If yes, which sport(s)? _____

Declaration

The insured person confirms that he or she has completed the information on the health declaration and, where necessary, their financial situation completely and accurately.

Place and date

Signature of insured person

Important notice

Admission to the insurance takes place up to the contractually agreed audit-free salary limit without a health declaration. By submitting a health declaration, the insurable salary can be increased to the contractually agreed maximum salary per person and year. elipsLife reserves the right to decide on the increase of the insured salary only after a medical examination. The part exceeding the contractually agreed salary limit up to the maximum salary is only insured if elipsLife gives its consent. If the following questions are answered incompletely or not truthfully, elipsLife is released from its obligation to provide benefits if it withdraws from the obligation to provide benefits within four weeks of becoming aware of the breach of the duty of disclosure. The obligation to pay benefits up to the contractually agreed audit-free salary limit is not affected by this restriction

Insurance company

Elips Life Ltd, headquartered in Ruggell, Liechtenstein, is the risk carrier responsible for risk assessment, risk assumption and premium collection, as well as reviewing and paying out insurance benefits. The postal address for the administration and benefits department is Zurich.

Please send the completed application form to the following address:

CONFIDENTIAL
elipsLife
Account Management

Thurgauerstrasse 54	Telephone	+41 44 215 45 42
P.O. Box	E-mail:	account.ch@elipsLife.com
CH-8050 Zurich	Website:	www.elipsLife.com

Consent and authorisation under data protection law

Daily sickness benefits (KTG)
Supplementary accident insurance (UVGZ)

Last name, first name _____

Occupation _____

Date of birth _____ / _____ / _____ ○ Male ○ Female

Employer _____

AHV number _____

By signing below you consent to the processing of your data, in particular for the procurement of health data and other sensitive personal data, by Elips Life Ltd (hereinafter "elipsLife") from entities subject to a duty of confidentiality, such as doctors, hospitals and other insurers. These declarations of consent and release from the duty of confidentiality are indispensable for the medical assessment. If you do not submit them, insurance of the requested benefits will generally not be possible or will remain limited to the legal minimum.

The following information relates to the handling of your health data and other sensitive personal data:

- by elipsLife itself (below under section 1),
- when disclosing information to persons or organisations outside elipsLife (below under section 2),
- in connection with enquiries from third parties (see section 3 below).

1. Procurement, storage, use and deletion of your health data by elipsLife

To the extent necessary for the medical assessment, elipsLife procures, stores and uses the personal data provided by you for the purpose of the medical assessment. This comprises information regarding your health as well as information that elipsLife obtains, with your consent, from medical service providers (doctors, hospitals, physiotherapists, etc.) and other insurers (disability insurance, unemployment insurance, military insurance, occupational benefits institutions, private insurance, etc.). elipsLife uses this information for medical assessments and quality assurance. The data concerning this medical assessment is stored electronically at elipsLife and deleted after expiry of the legally prescribed archiving obligation.

2. Disclosure of your health data to entities outside elipsLife

2.1 Forwarding of data to medical experts

To complete the medical assessment, it may be necessary to consult medical experts. By signing below, you consent to the transmission of your personal data to medical experts, to the extent necessary for the medical assessment and as long as your data is used there for this purpose and until the results are transmitted back to elipsLife. The persons working for elipsLife and the experts are released from their duty of confidentiality with regard to this data.

2.2 Assignment of tasks to other entities (organisations or persons)

elipsLife may delegate certain tasks, such as contract administration or claims processing, which may involve the collection, processing or use of your personal data, to third parties. These may be either affiliated Group companies or other entities in Switzerland or the European Economic Area (EEA). According to the Federal Council, these states guarantee secure and trustworthy data protection.

elipsLife may also engage any third parties for the provision of other services. A current list can be found on the internet at www.elipslife.com/en/che/Downloads. This list of service providers can be downloaded directly via www.elipslife.com/serviceproviders. By signing below, you consent to the transmission of your data to these entities, provided that the data is collected, processed and used there for the stated purposes to the same extent that elipsLife would be permitted to do so.

2.3 Forwarding of data to reinsurers and co-insurers

To ensure the fulfilment of our obligations, elipsLife has concluded contracts with reinsurance companies that assume the risk in whole or in part, or a specific risk is insured jointly with a co-insurer. In addition, it is possible for the reinsurer to support elipsLife due to its special expertise in carrying out medical assessments and evaluating procedures. To enable the reinsurer and any co-insurer to form their own opinion of the medical assessment, elipsLife may submit documents relating to your medical assessment to the reinsurer or co-insurer. This is the case in particular if the total sum of the benefits to be insured is high.

By signing below, you consent to your data being transmitted to and used by reinsurers and any co-insurers to the extent necessary for the aforementioned purposes.

2.4 Forwarding of data to your employer and its insurance broker

elipsLife does not disclose any information about your diagnosis to your employer or its insurance broker. However, if required for processing the insurance contract with your employer, your employer may obtain information about whether you were accepted by the employee benefits institution and, if so, under what conditions.

3. Consultation of personal data held by third parties

To complete the medical assessment, it may be necessary to request information from persons or organisations that have access to your health data and other sensitive personal data (e.g. doctors, hospitals or other insurers). Requesting this information generally also requires personal data to be disclosed to the persons or organisations in question. elipsLife will not inform you separately about obtaining information from third parties for the purpose of the medical assessment. However, you can request information at any time about which of your personal data is processed. To do this, please contact the person responsible for your case.

Requests will only be made to those persons or organisations with access to information relevant to the medical assessment and only to the extent necessary for the medical assessment. We require your consent for this, including a release from the duty of confidentiality for these persons or organisations, if health data or other sensitive personal data has to be disclosed in the context of these requests.

Consent and authorisation under data protection law

Last name, first name _____

Occupation _____

Date of birth _____ / _____ / _____ ○ Male ○ Female

Employer _____

AHV number _____

I hereby acknowledge and consent to the types of data processing specified in sections 1 to 3 above. I hereby consent to Elips Life Ltd (hereinafter "elipsLife") – to the extent necessary for the **medical assessment** – collecting my personal data from the following organisations and persons and using it for these purposes:

- External (medical) experts
- Medical personnel and their assistants
- Employer
- Social insurers (disability insurance offices, accident insurers, AHV/AVS administration offices, health insurers, unemployment insurance funds etc.)
- Occupational benefits institutions
- Other private insurance companies involved
- Administrative and judicial authorities

I release the aforementioned persons and employees of the aforementioned institutions from their duty of confidentiality. I also agree to elipsLife disclosing my personal data to these persons and organisations – to the extent necessary – in this context and also release the persons working for elipsLife from their duty of confidentiality to this extent.

➡

_____	_____	_____
Place, date	**Last name, first name**	**Signature of insured person**

Please send the dated and signed consent form to:
Elips Life Ltd
Account Management
Thurgauerstrasse 54
CH-8050 Zurich
E-mail: account.ch@elipsLife.com

Elips Life Ltd (hereinafter "elipsLife") is headquartered in Ruggell. All insurance covering the financial consequences of illness and accident is offered under the elipsLife brand. The focus here is on occupational and private provisions for death and disability. Data protection is a top priority at elipsLife, and elipsLife takes the necessary care when processing your data. If you have any questions in this regard, you can contact the elipsLife data protection officer. Further information on data protection at elipsLife can also be found at www.elipslife.com/en/che/Legal. You may at any time request information about which of your personal data is being processed and you may request the correction, deletion or restriction of this data processing. You may also revoke your consent to the processing of your personal data at any time. If you revoke your consent, however, the provision of services will generally not be possible. Please address any relevant enquiries by post to Elips Life Ltd, Compliance, Industriestrasse 56, 9491 Ruggell or by e-mail to compliance@elipsLife.com.

If you are not satisfied with the information provided, you can also contact the Federal Data Protection and Information Commissioner (FDPIC), Feldeggweg 1, 3003 Bern (e-mail: info@edoeb.admin.ch) or the Data Protection Office (DSS), Städtle 38, P.O. Box 684, LI-9490 Vaduz (e-mail: info.dss@llv.li).