

Tria information sheet

As of July 2016

elipsLife covers the biometric risks of death and disability. This information sheet offers support in terms of benefit management and provides information regarding risk assessment and administrative tasks. This information sheet is intended to be used for additional support. It does not replace the General Conditions of Insurance.

The insurance company is Elips Life AG, headquartered in Triesen (LI). All administrative aspects are processed at the Zurich branch office.

Contact

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Submission of claims

elipsLife is dedicated to sustainable claims processing with the goal of providing persons who are unable to work with optimal support, and, whenever possible, to reintegrate them into everyday working life with the help of case management. It is imperative that cases are reported as quickly as possible. For this reason, we ask that the insured person or, in the case of death, their next of kin immediately inform elipsLife of the occurrence of an insured event, at the latest within 90 days. When submitting claims, we ask you to provide us with the following documents:

In the event of incapacity to work

- Claim form
- Health questionnaire and any health restrictions at the time the contract was concluded (if applicable)
- Power of attorney
- Medical certificate
- Copies of reports/decisions from other insurers (if applicable)

In the event of death

- Claim form
- Copy of family book
- Health questionnaire and any health restrictions at the time the contract was concluded (if applicable)
- Official death certificate
- Current insurance policy
- Official list of successors

Verification of the obligation to provide benefits

The submitted documents form the basis for the verification of elipsLife's obligation to provide benefits. elipsLife uses these documents to determine the insured benefits in accordance with the current policy and verify the medical situation of the injured or impaired person. As part of this process, further documents may be requested from the doctor who is treating the insured person, from other insurance companies or from Swiss disability insurance (IV).

elipsLife will acknowledge the damages. elipsLife will notify the insured person/policyholder or the person/persons named as beneficiaries in writing.

Reporting to disability insurance (IV)

If an insured person is unable to work for longer than four months, elipsLife will verify whether the case should be reported to Swiss disability insurance (IV). If the case has not been reported by another insurance company or the insured person, elipsLife will submit the IV report to the insured person.

Obligations of the insured person

The policyholder must ensure that the insured person meets the following obligations:

Reporting obligations in the event of a change of situation: Any changes to the status of the information relevant to the risk assessment or the premium (e.g. non-smokers who take up smoking, changes to the insured person's employment status or occupation, taking up residence outside of Switzerland, etc.) must be reported immediately to elipsLife in writing.

Obligation to cooperate: The insured person must provide elipsLife with complete and truthful information about everything related to the claim as well as regarding any earlier illnesses and accidents. The insured person releases any attending medical staff (doctors, therapists, hospitals, etc.) from their obligation of confidentiality in relation to elipsLife.

Obligation to mitigate damage: The insured person must do everything in his or her power to aid his or her recovery and must refrain from any activity that could delay recovery. In particular, the insured person must comply with any instructions issued by the doctor and nursing staff.

Bank account details

We ask that the policyholder/the insured person inform elipsLife of the bank account that is to be used for benefit payments (see "Contract management" e-mail on page 1).

Risk assessment at the time of application submission

elipsLife will perform the risk assessment for every person who applies for insurance. This includes medical and financial assessments as well as the verification of occupational risks, sport risks and any risks associated with the applicants place of residence. In order to complete this process, elipsLife may request additional medical and non-medical paperwork. elipsLife may also require the applicant to undergo a medical examination.

Premium statements

Premiums will be payable annually in advance. The term for the premium invoice is 30 days.