

## Information sheet

### Sanitas Corporate Private Care – RISK supplementary insurance

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#### Supplementary financial protection for persons insured under Sanitas Corporate Private Care (SCPC) in the event of death and/or disability following illness or accident

RISK is offered by GENERALI and Sanitas Health Insurance under Sanitas Corporate Private Care as a voluntary supplement to occupational benefits insurance. GENERALI Insurances of Persons Ltd (also known as "GENERALI"), Soodmattenstrasse 10, 8134 Adliswil, is the insurance carrier.

Sanitas Health Insurance draws up the insurance policy, collects the premium and services the insured person's needs. GENERALI processes the claims directly.

## Information sheet

### General provisions

#### 1. Insurable persons

Staff working for companies that have concluded a Sanitas Corporate Private Care group insurance contract, along with family members living in the same household. Family members are spouses, partners and children up to the age of 30.

#### 2. Scope of cover

You can choose from the following types of insurance:

- Lump sum in the event of death following illness and accident
- Combined lump-sum payment in the event of death or disability following illness and accident

You can select a sum insured of CHF 10,000 or a multiple thereof up to a maximum CHF 500,000, which is paid out in the event of disability or death.

The sum insured remains unchanged until 31 December of the year in which you reach the age of 55. Thereafter, the sum insured declines each year per 1 January by 10% of the amount you were insured for at age 55.

Your premium waiver in the event of disability is included in your combined death and disability lump-sum insurance.

#### 3. Maximum amounts

The following maximum insurable amounts apply (cumulatively):

- Up to age 12: CHF 20,000
- Up to age 15: CHF 250,000
- From age 15: CHF 500,000

#### 4. Age of entry

Minimum age of entry: 30 months  
Maximum age of entry: 55

#### 5. Territorial validity

The insurance is valid worldwide.

### 6. Options

#### • Mortgage payment insurance:

This lump-sum insurance can be used to cover mortgage-related risk. Insurance benefits are in this case fully or partly assigned or pledged. Sanitas must be provided with a copy of the pledge agreement. The insured person is obliged to inform the pledgee of any change in the sum insured (e.g. automatic reduction from age 56).

#### • Risk insurance:

This can be used to cover risks of a personal nature (e.g. financial protection of your partner).

#### • Promotion of privately owned residential accommodation:

Gaps can arise in your pension protection following the early withdrawal of pension fund assets. These can be closed or reduced with the combined death/disability lump sum.

### 7. Insurance application

Please complete and submit the application forms to Sanitas for examination. Any incomplete or wrong information supplied to the questions they contain can lead to the loss of your insurance cover.

### 8. Start date of the insurance

The insurance starts on the first of the month selected by the insured person, at the earliest, however, on the first of the month following submission of the application form but under no circumstances earlier than on the day you join the company. This also applies to family members.

### 9. Amendment to insurance cover

Insurance cover can be amended subject to an application period of at least one month as of the beginning of the first of the month. Any increase in the sum insured requires a new application and a new risk assessment.

### 10. End of insurance

Insurance cover ends upon the termination of the employment

contract, cancellation of the group contract or notice submitted by the insured person, at the latest, however, upon attainment of the actuarial final age, i.e. on the 1 January in the year in which you reach the age of 60.

### 11. Continuation of insurance

Insured persons who leave their group insurance scheme automatically continue to enjoy the RISK insurance on the same level, but at the conditions and tariffs valid for the former members of the group contract (p-care). The premiums are slightly higher than in the group contract, but no further health examination is necessary. Insured persons who do not wish to continue their insurance can cancel their cover in writing within 30 days of receipt of the new policy. The cancellation is retroactive as of the date of the switch to individual cover.

### 12. Cancellation

The insurance can be cancelled in writing by the insured person as of the end of the month, at the earliest, however, as of the end of the month following the one in which they received notification of the cancellation.

### 13. Premium payment

The group insurance premium is generally deducted each month from the employee's salary. Sanitas usually collects the premiums for p-care via direct debit from a bank or post office account.

In cases where premiums are not deducted from the employee's monthly salary, failure to pay the premium by a deadline set by Sanitas can lead to the loss of insurance protection.

Premiums can be adjusted in line with any changes in conditions as of the beginning of the new insurance year (1 January). The new contractual conditions will be sent to the insured person at the latest two months prior to the end of the insurance year.

#### 14. Surrender value

As a pure risk life insurance, RISK has no surrender value.

#### 15. Agreed value insurance

If, in the event of a claim, the benefits under this policy accumulate with other benefits and lead to overcompensation, the agreed benefits will generally be paid out in full.

#### 16. Claims notification

An insured event must be reported to GENERALI immediately. All claims submitted to Sanitas will be passed on to GENERALI for processing.

#### 17. Other obligations of the insured person

All the requisite documentation needed for the processing of the claim must be sent to GENERALI. The insured person must provide assistance in the clarification of any claims for disability benefits by providing all the information necessary and by granting all the requisite powers of attorney (releasing third parties from their duty to maintain professional or official confidentiality). In the event of illness or accident, the insured person must undergo appropriate medical treatment and comply with the doctor's instructions (duty to mitigate loss).

#### 18. Obligations of the beneficiary

In the event of the death of the insured person, the beneficiary must present the official death certificate and medical certificate containing the cause of death as soon as possible.

#### 19. Insurance policy

The type and amount of insured benefits and premiums will be contained in the policy issued by Sanitas. The individual policy also contains a reference to any imposition of health restrictions.

#### 20. Service delivery

GENERALI will deliver any insurance benefits due directly to the beneficiaries.

In the case of an insured event, the beneficiaries have the right to claim directly from GENERALI.

Restrictions in the scope of coverage apply in the case of gross negligence or suicide. These points are regulated in the group insurance contract.

#### Lump sum payable at death

##### 21. Sum insured

The sum insured can be found in the policy issued by Sanitas. The lump sum payable at death is (in the case of a combination of death/disability lump sums) reduced by any disability benefits already paid out.

##### 22. Entitlement

If the insured person dies while the policy is in force and before reaching final age, the beneficiaries are entitled to receive the lump sum payable at death.

##### 23. Beneficiaries

The following persons are entitled to receive a portion of the lump sum payable at death in the following order of precedence:

- the surviving spouse;
- the children in equal parts;
- the parents in equal parts;
- the siblings in equal parts;
- the surviving partner;
- the heirs in equal parts.

Under the provisions of the Partnership Act, the registered partner is accorded the same legal status as a spouse.

The insured person can at any time using the appropriate form change and/or add other persons to the list of beneficiaries of the total lump sum payable at death or a part thereof. If no beneficiaries have been appointed or exist at the time of death, the lump sum will be added to the deceased's estate.

#### Disability lump sum

##### 24. Sum insured

The sum insured can be found in the policy issued by Sanitas.

The insured disability lump sum is in every case the same amount as the insured lump sum payable upon death.

The amount of the disability lump sum paid out is calculated based on the sum insured selected and the degree of disability.

##### 25. Entitlement

An insured person is entitled to full insured disability benefits if their degree of disability is 70% or higher. If the insured person has a degree of disability from 25% to 69%, a commensurate amount of benefits is paid out and is adjusted should the degree of disability be increased. Partial disability of less than 25% does not entitle the insured person to any benefits.

The insured person's entitlement to a premium waiver is proportionate to the partial disability lump sum to which they are entitled. For the purposes of providing grounds for entitlement to disability benefits, the insured person must submit a report by the consulting physician that provides information on the beginning, development and consequences of the illness or the cause and consequences of the accident as well as the degree and estimated duration of the disability. GENERALI may make the payment of disability benefits conditional on submission of a decision by the federal disability insurance (IV), the accident insurer or military insurance.

##### 26. Waiting period

This comprises 12 months as of the beginning of the incapacity to work that results in long-term disability. If the insured person receives benefits from the federal disability insurance (IV) at an earlier date, the disability lump sum will become due as of the same date. The same waiting period applies for the co-insured premium waiver.

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**27. Beneficiaries**

The insured person is entitled to a disability lump sum.

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**30. Contact**

Sanitas is the contact for the insured person on all matters relating to this policy (except claims processing).

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**Further information**

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**28. Legal basis**

The following in particular constitute the legal basis for RISK insurance:

- the group insurance contract between GENERALI and the companies (represented by the s-care Association)
- the General Policy Conditions (GPC)
- the Swiss Federal Insurance Contracts Act (VVG) of 2 April 1908

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**31. Claims notification**

Please send your claims to the Sanitas Preference Center or directly to GENERALI:

GENERALI Insurance of Persons Ltd  
PL-KOV  
Soodmattenstrasse 10  
8134 Adliswil

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**29. Change of address**

The insured persons must inform Sanitas of any changes in their name or address.

**Please note:**

This information sheet is designed as a guide for the insured persons and contains the most essential information about RISK insurance, including the application process and procedure to be adopted in the event of a claim. Those entitled to the benefits *are not* listed in this information sheet but are contained in the contractual documentation, specifically in the group contract concluded between GENERALI Insurances of Persons Ltd and the s-care Association (insured in the capacity of representative of the companies), in the accompanying General Policy Conditions and in the insurance certificates issued by Sanitas. The insured person is entitled at any time to view parts of the group contract or to request excerpts from the contract insofar as this serves the interests of insurance protection, scope of benefits or a claim. The General Policy Conditions (GPC), as well as an excerpt from the group contract can be provided to the client by post on request.

**Handling personal data:**

Handling personal data is indispensable for the operation of a health and accident insurance provider and is subject to the provisions of the Swiss Data Protection Act (DPA). Sanitas Grundversicherungen AG and GENERALI Insurances of Persons Ltd collect, use and store (in physical and electronic form) data in the following categories:

- Application data (insurance applications with information on individuals' health status, medical reports, if they exist)
- Customer data (name, address, bank account details, insurance intermediary)
- Contractual data (information provided in the application)
- Payment data (any arrears, reminders, credit balance, etc.)
- Benefit data (applications for benefits, receipts, clarifications of entitlement and benefits paid out).

Personal data will be stored for as long as required by law, generally for at least 10 years after cancellation of the contract or of processing a claim. Personal data is treated with the utmost confidentiality and used for the execution of the insurance contract and for marketing purposes. This includes passing on data

- to third parties rendering services (e.g. IT companies involved in data processing, providers of medical service or services rendered during emergencies abroad)
- to other social or private insurers, lawyers and external specialists insofar as these are required for the due performance of insurance business
- to liable third parties and their liability insurance.

These third parties and the intermediaries working in collaboration with Sanitas are obliged to observe the same scope of legal provisions.