

Quote form for accident, daily sickness benefit insurance and occupational pensions

Employees whose employer is not liable for contributions (ANobAG)

General information

Information regarding the insured person

Surname

First name

Street and house number

Postal code

City

Telephone number

E-mail address

Birth date

Gender

M F

Civil status

single married widowed divorced
 in a registered partnership

Employer information

Name and address of employer

Type of business

Your position in the business

Old Age and Survivors Insurance (AHV)
annual salary

AHV number

Start of employment

Start of insurance

Confirmation of AHV registration

This quote request must be accompanied by a confirmation from the responsible AHV office that the applicant is registered as an ANobAG as per Art. 6 AHVG.

Agreement between employee and employer

This quote request must be accompanied by the Employer-Employee [Agreement](#) in accordance with Article 21, para. 2 of Regulation (EC) No. 987/09.

Insurance Broker of Record

This quote request must be accompanied by the completed and signed [Insurance Broker of Record](#).

Personal insurance – accident insurance (UVG) / illness (KTG)

Desired cover

<p>Accident insurance according to UVG (UVGO)</p> <p>The maximum insured salary is CHF 148,200</p>	<p><input type="checkbox"/> Benefits according to law</p> <ul style="list-style-type: none"> - General treatment costs - Daily benefits: 80% salary from day 3 - Disability pension: 80% of salary at 100% disability - Compensation - Survivors' pensions Widowers' pension: 40% of the insured salary Full orphan's pension: 25% of the insured salary Half orphan's pension: 15% of the insured salary (Max. 70% for all survivors together)
<p>Supplementary accident insurance (UVG-Z) in addition to compulsory accident insurance (UVGO)</p> <p>Surplus salary: Insured is the salary over CHF 148,201 to max. CHF 300,000</p>	<p><input type="checkbox"/> Treatment costs private department</p> <p><input type="checkbox"/> Daily benefits surplus salary (80% from day 3)</p> <p><input type="checkbox"/> Gross negligence</p>
<p>Daily sickness benefits insurance (KTG)</p> <p>80% of the annual AHV salary, the maximum insured salary is CHF 300,000</p>	<p><input type="checkbox"/> Waiting period 30 days</p> <p><input type="checkbox"/> Waiting period 60 days</p> <p><input type="checkbox"/> Waiting period 90 days</p>

Health questionnaire for personal insurance

If daily sickness benefit (KTG) and/or supplementary accident insurance (UVG-Z) is desired, the completed [health questionnaire](#) must be included with the quote request.

Occupational pension (BVG)

Variant 1 – BVG salary

Insured salary	Pensionable AHV salary (currently max. CHF 86,040) minus BVG coordination deduction (currently CHF 25,095)	
Retirement credits	Age	Base in % of insured salary
	25 - 34	7
	35 - 44	10
	45 - 54	15
	55 - 64/65	18
Disability pension	40%	of the insured salary
Spouse / Partner pension	24%	of the insured salary
Orphan / disabled person's child's pension	8%	of the insured salary
Lump-sum death benefit, if no spouse / partner pension	100%	of existing retirement assets (used to finance the spouse / partner pension)

Variant 2 – AHV annual salary

Insured salary	AHV annual salary (currently max. CHF 860,400) minus BVG coordination deduction (currently CHF 25,095)	
Retirement credits	Age	Base in % of insured salary
	25 - 34	7
	35 - 44	10
	45 - 54	15
	55 - 64/65	18
Disability pension	40%	of the insured salary
Spouse / Partner pension	24%	of the insured salary
Orphan / disabled person's child's pension	8%	of the insured salary
Lump-sum death benefit, if no spouse / partner pension	100%	of existing retirement assets (used to finance the spouse / partner pension)

I am interested in variant 1 2

Are you fully fit for work? Yes No

Health questionnaire: occupational pension (BVG)

Please fill out the [application](#) form. If your annual AHV salary exceeds CHF 200,000 or if you are not fully able to work, please also complete and submit the supplement to the application.

Contact for questions / submitting the documents

Submission of the quote forms

Address	Qualibroker AG Baslerstrasse 52 CH - 8048 Zurich
Contact	Ms. Mira Babarro Telephone +41 43 311 21 15 E-mail: mira.babarro@qualibroker.ch

Checklist: documents for quote request

To receive a valid quote, please send us the following documents via e-mail (PDF) or post:

1. Confirmation from the responsible AHV office that the applicant is registered as an ANobAG as per Art. 6 AHVG.
2. Employer-Employee Agreement in accordance with Article 21, para. 2 of Regulation (EC) No. 987/09
3. Signed Insurance Broker of Record
4. Completed quote form
5. Health questionnaire for daily sickness benefits and/or supplementary accident insurance (UVG-Z)
6. Application and supplement to the application for occupational pension (BVG)

We are happy to help should you have any further questions.