

To be sent to:

BANK-now AG
SBFK 61
Postfach
8810 Horgen

Proposal
income protection insurance (Internet)

Application for income protection insurance for salaried employees

Yes, I wish to take out income protection insurance for the risks of earning disability and unemployment, for a monthly premium of 5.99% of the following selected insurance benefits.

Insurance benefit

Desired monthly benefit (tick the appropriate box): CHF 600 (35.95/month) CHF 1,000 (59.90/month) CHF 1,200 (71.90/month)

Personal details

Mr	Ms				
First name:		Last name:			
Street/no.:		Postcode/place:			
PO box:		Additional address info:			
Date of birth:		Language for correspondence:		G	F
Phone (home):		Phone (work):			
Mobile:		E-mail:			
Country: Switzerland					

The policyholder is the beneficiary of all benefits paid under this income protection insurance policy.

By signing below, I as the policyholder and beneficiary confirm that

- I have my principal place of residence in Switzerland;
- I am at least 18 years old and no older than 60;
- I am not currently absent from work because of illness or due to an accident and, to the best of my knowledge, am neither ill nor suffering from the effects of an accident;
- I have not been absent from work for longer than 20 calendar days due to an illness or accident in the past 12 months or been absent from work for longer than 10 calendar days (consecutively or not) due to a stay in hospital and did not undergo a medical examination and/or regular medical treatment or check-ups during this period due to an illness or accident;
- I have been working in a job for at least 25 hours a week for the last 12 months. I currently have a permanent employment contract and have not been given notice of termination, and I am not about to retire early;
- I understand that a policyholder may have only one active income protection insurance policy at any one time;
- I understand that the agent arranging this insurance policy will be paid compensation and I consent to the agent retaining that compensation to cover their expenses and not making the amount of the fee known to me. This compensation is included in the insurance premium;
- I am aware that Helvetia is legally entitled to refuse payment of the insurance benefits or demand reimbursement of unlawfully obtained benefits if I provide false information or attempt to make a fraudulent insurance claim, or if the insured event has already occurred when this application is signed;
- I have been provided with a copy of the Standard Terms of Insurance (STI) and the customer information leaflet on income protection insurance, have duly noted and understood their contents, in particular the exclusion clauses – concerning earning disability (Art. 3.1.4) and unemployment (Art. 3.2.5) – and accept these.

Important information

I agree that

- the selected monthly insurance premium will be debited directly from my bank or post office account;
- Helvetia and any of its contracted third parties will be informed that I am a customer of BANK-now AG (where applicable) and that BANK-now AG – including any third parties working on its behalf, especially service providers – may use, process and store all information and personal data required for arrangement of this contract and arising out of the insurance documents and contract processing, and may disclose that information physically or electronically to Helvetia or pass it on or make it available to Helvetia for marketing purposes and for the purpose of calculating its provision or of arranging, managing or processing my insurance contract or related insurance claims. Helvetia may use my data, in particular, to determine the insurance premium, assess risks and process insurance claims as well as for statistical evaluations, marketing purposes and for calculating its commission in the performance of the insurance contract. To the extent required, Helvetia may pass on my personal data to reinsurers and to authorities and official bodies and obtain it from all such entities.

I am aware that Helvetia is not subject to banking secrecy laws and hereby release BANK-now AG from any obligation to observe confidentiality, especially from the duty to observe banking secrecy (where applicable), and from any responsibility in this regard, and I hereby accept responsibility for any and all consequences and any loss or damage that – regardless of when it occurs – may arise through the use of that data by the aforementioned third parties. Finally, I hereby release my doctors, my employer, official bodies and other insurers from their respective duty of confidentiality or secrecy and allow them to provide my personal data to Helvetia and its contracted third parties. My data will in any case be stored in physical or electronic form for the duration of the statutory retention period.

I hereby agree that notifications to me from Helvetia and its contracted third parties that relate to the insurance relationship must be submitted in writing, either by post or by e-mail. I understand that Helvetia excludes all liability for loss or damage relating to the use of electronic communication channels. Information on the risks of digital communication is available online at www.helvetia.ch/privacy.

Place/date:

Signature:

Disclaimer

Contract language is German, French and Italian. Only the German, French and Italian versions are legally binding, the English version is provided for information purposes only. Helvetia does not guarantee and accepts no liability, neither express nor implied, for the accuracy, reliability or completeness of translations out of German, French or Italian into English. If you are not certain as to the accuracy of information use the German, French or Italian versions, which are available on the website of the Lender.

Debit authorisation with right of objection for the postal account (direct debit) and the bank account (LSV+)

Payment recipient

Helvetia Swiss Life Insurance Company Ltd
St. Alban-Anlage 26
4052 Basel

Payer

Policy No. _____

First name: _____ Surname: _____

Street/No.: _____ Post office box: _____

Postcode/ town: _____ E-Mail: _____

Direct debit participant no: 131633 Direct debit ID.: SNL2W

Debit my postal account (direct debit)

With my signature I authorise the payment recipient to debit the due amounts from my postal account until further notice.

Postal account no: _____

If my account does not have the necessary creditworthiness, PostFinance is not obliged to carry out the debit. The direct debits are at no charge to me. I have the right to revoke debits in writing at my Operations Centre within 30 days from dispatch of the account statement.

Place, date: _____ Signature(s)*: _____

* Signature of the principal or authorised representative on the postal account. In the event of collective signature, two signatures are necessary.

Debiting from my bank account (LSV+)

I hereby authorise my bank to debit the direct debits presented to it by the above payment recipient from my account until further notice.

Bank name, place: _____

IBAN: _____

If my account does not have the necessary cover, my bank is not obliged to debit the requested amount(s). I shall be notified of any debiting of my account. The debited amount shall be reimbursed to me if I file an objection to my bank in binding form within 30 days after being notified. I authorise my bank to inform the payment recipient in Switzerland or abroad of the contents of this debit authorisation, and of any later cancellation, by any means of communication which the bank should deem suitable.

Place, date: _____ Signature: _____

Rectification (leave blank, will be completed by the bank)

Bank clearing: _____ IBAN: _____

Place, date: _____ Stamp and initials of the bank: _____

Customer information on income protection insurance

Customer information in accordance with Art. 3 of the Swiss Insurance Policies Act (IPA)

The following provides information on the identity of the insurer and the main contents of the insurance in accordance with Art. 3 IPA. You will find the policyholder's specific rights and obligations as the insured person in the insurance application, the Standard Terms of Insurance (STI), the insurance policy and the applicable statutory provisions (IPA). This insurance is a fixed-sum insurance.

Information about the insurer

Helvetia Insurance, comprising Helvetia Swiss Life Insurance Company Ltd, St. Alban-Anlage 26, 4052 Basel, Switzerland, and Helvetia Swiss Insurance Company Ltd, Dufourstrasse 40, 9001 St. Gallen, Switzerland (hereinafter referred to collectively as "Helvetia").

Insured risks and scope of cover

This insurance serves to protect the policyholder in the event of earning disability or unemployment pursuant to the insurance policy. The insurance benefits are paid only to the policyholder. All further details – in particular the specific benefit requirements, exclusions and scope of cover – are described in full in the policy and the STI.

Premiums due and other obligations of the policyholder

Monthly premiums are paid by direct debit from the policyholder's bank or postal account. The premium is specified in the application and in the policy. The procedure in the event of a claim and the other obligations, particularly the obligation to cooperate, are described in the STI.

Term and termination of the insurance

The coverage for the insured risks of earning disability and unemployment commences on the date given in the insurance policy and ends when the policyholder terminates the policy, reaches the final age (65), dies, ceases salaried employment (or becomes self-employed), relocates from Switzerland to a third country, or retires (early), or if the maximum benefit is reached or as a consequence of default on premium payment.

This insurance may be terminated by the policyholder at the end of any calendar month, subject to a notice period of 30 days. Further details are described in the STI.

Right of revocation pursuant to Art. 2a IPA (Art. 3 (1) h IPA)

The policyholder may revoke the insurance within 14 days of the commencement date specified in the insurance policy, either by post to Financial & Employee Benefits Services (febs) AG, P.O. Box 1763, 8401 Winterthur, Switzerland, or by e-mail to banknow@febs.ch, without incurring any costs. This applies even if Helvetia has already confirmed the insurance.

Notifications

You may direct any declarations or notifications intended for Helvetia in connection with this insurance contract by post to **Financial & Employee Benefits Services (febs) AG, (postal address: P.O. Box 1763, 8401 Winterthur, Switzerland) or by e-mail to banknow@febs.ch, and may contact febs by phone: +41 (0)52 266 02 91 or fax: +41 (0)52 266 02 01.**

Information on the risks of digital communication is available online at www.helvetia.ch/privacy.

Surpluses, repurchase and conversion values

This insurance does not include any surpluses. It is risk insurance only and, as such, does not have any repurchase or conversion value.

Information concerning the agent in accordance with Art. 45 of the Swiss Insurance Oversight Act (IOA)

The following provides information on the agent in accordance with Art. 45 IOA.

Information concerning the tied insurance intermediary

BANK-now AG is a Swiss bank specializing in loans and leasing, and is a subsidiary of Credit Suisse Group AG (BANK-now AG, Neugasse 18, 8810 Horgen, Switzerland). In brokering income protection insurance, it acts as a tied insurance intermediary as defined by the Federal Oversight Authority for Intermediaries.

Insurance offering and contractual relations

The agent offers income protection insurance for earning disability and unemployment solely from Helvetia and, to this end, has concluded an agency and cooperation agreement with Helvetia. The customer's only contracting party in this insurance is Helvetia. Consequently, the agent is not liable for benefits arising from this insurance.

Training and further training courses

The person advising you is required to regularly update their knowledge of the insurance products on offer, and will gladly inform you about their training and further training courses.

Liability

Helvetia is liable toward the customer on a third-party basis for any negligence or errors on the part of the agent or its consultants and for any incorrect information the latter provide in connection with the arrangement of this insurance policy.

Payment of compensation for the agent's activities

For acting as a broker for Helvetia, the agent receives compensation from the latter, which it retains as remuneration for its expenses. This compensation is included in the insurance premium.

Information on the processing of personal data in accordance with Art. 3 (g) IPA and Art. 45 (e) IOA

Personal data gathered is processed in compliance with the Federal Act on Data Protection (FDPA). By applying for income protection insurance, the policyholder consents to the processing of the personal data generated during performance of the contract. The following basic types of data are processed: data on (prospective) customers, health data and data on injured parties and claimants. The data arising from the contract documents or contract performance is used in particular to determine and collect premiums, assess risks, process insurance claims and prepare statistical analyses and, where necessary, may be disclosed to third parties in Switzerland and abroad. Helvetia and BANK-now may access this data in order to monitor and manage in-force business and calculate commissions, as well as for marketing purposes. The data is processed, stored and deleted in accordance with the applicable statutory provisions. It is protected from unauthorized access and modification. As the data subject, the policyholder has the right to be informed by Helvetia what personal data of theirs is stored and to have that data rectified, blocked or erased in accordance with the statutory provisions. The consent to process data may be revoked at any time. Further, up-to-date information on data processing can be accessed at www.helvetia.ch/privacy.

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Standard Terms of Insurance (STI)

Income Protection Insurance

Insurance for the risks of earning disability and unemployment

1 Basis of cover

1.1 Basis of the contract

The insurance contract is based on:

- the insurance application;
 - the customer information leaflets;
 - the insurance policy;
 - the Standard Terms of Income Protection Insurance (STI);
 - any other declarations signed by the policyholder, e.g. direct debit authorization (DD), etc.;
 - on a subsidiary basis: the provisions of the Swiss Insurance Policies Act (IPA).
- For the sake of simplicity and comprehensibility the present contract does not distinguish between masculine and feminine word forms.

1.2 Insurance relationship and parties involved

Helvetia Insurance, comprising Helvetia Swiss Life Insurance Company Ltd and Helvetia Swiss Insurance Company Ltd (hereinafter collectively referred to as "Helvetia"), insure individuals against the risks of earning disability and unemployment in accordance with the provisions of the insurance policy. This insurance is concluded voluntarily and provided independently of other insurance services.

1.3 Standard Terms of Insurance (STI)

The present STI define the rights and obligations of the policyholder. In particular, they conclusively establish the entitlement to benefits under the insurance policy in the event the insured person is unable to earn or becomes unemployed.

2 Modalities of the insurance

2.1 Policyholder and insured person

The policyholder, or the insured person, is a natural person in salaried employment who is domiciled in Switzerland and who voluntarily applied for the present insurance within the entry and final age limits and received an insurance policy accordingly.

2.2 Conclusion of the insurance

The present insurance becomes effective once the policyholder has signed and dated the insurance application and received the insurance policy.

Helvetia may refuse to conclude the present insurance without providing any reasons.

2.3 Entry age and final age

This insurance commences no earlier than the policyholder's 18th birthday and no later than the policyholder's 60th birthday (entry age). The insurance relationship ends no later than the policyholder's 65th birthday (final age).

2.4 Commencement and duration of insurance coverage

If the insurance application is accepted, the present insurance contract takes effect and the policyholder is sent the insurance policy. The insurance coverage applies as of the date stated in the insurance policy. The insurance is concluded for an indefinite period.

Helvetia provides insurance coverage and is liable to pay insurance benefits only insofar as they do not restrict or breach any sanctions under UN resolutions and do not violate trade or economic sanctions imposed by Switzerland, the European Union or the United States of America.

2.5 End of insurance coverage

The insurance coverage ends with notice of termination of the present insurance by the policyholder in accordance with Section 6.

Without notice of termination, the insurance coverage lapses in the following cases:

- a. when the insured person reaches the age of 65;
- b. on the death of the insured person;
- c. if the insured person gives up salaried employment (e.g. also if the insured person becomes self-employed);
- d. upon the policyholder's departure from Switzerland;
- e. on (early) retirement;
- f. once the maximum benefit under the insurance policy is reached (see Section 3.4).

In the above cases, with the exception of a) and f), the policyholder is obliged to notify Helvetia accordingly. In the event of the policyholder's death, that obligation passes to any persons entitled to receive benefits.

3 Insurance benefits

3.1 Benefits in the event of earning disability

3.1.1 Entitlement in the event of earning disability

The insured person is entitled to monthly disability payments if they become totally (100%) incapable of performing an appropriate job in their former profession or field of activity as a result of a health impairment (illness or accident).

The monthly payments under the insurance policy are disbursed if a doctor practising in Switzerland provides medical evidence that the insured person is 100% unable to earn both during and after the waiting period agreed in the insurance policy and is undergoing medical treatment. Medical evidence of an earning disability of less than 100% does not establish a right to insurance benefits.

The waiting period agreed in the insurance policy begins on the day the insured person first consulted a doctor practising in Switzerland with regard to the illness or accident triggering the earning disability and the latter certified an earning disability of 100%. Earning disability cannot be certified retroactively.

In the event that the waiting period expires after the start of a calendar month, entitlement to the benefit arises from the first day of the insurance month following that in which the agreed waiting period ended. Benefits for the following months are disbursed only after one calendar month of continued earning disability, otherwise no further benefits are paid.

3.1.2 Entitlement in the event of repeated earning disability

No new waiting period applies in the event of a relapse or in cases where the insured person is again certified as having a degree of disability of 100% due to the previous ailment within three calendar months of the end of a period of 100% disability of which the insurer has Helvetia Swiss Life Insurance Company Ltd and Helvetia Swiss Insurance Company Ltd

already been notified. A repeated period of earning disability occurring more than three calendar months after another is treated as a new claim and a new waiting period applies.

3.1.3 Duration of earning disability benefit payments

Provided the medically certified period of earning disability continues and the insurance coverage per claim remains in place, Helvetia will disburse the monthly payments in accordance with the insurance policy, at the latest until the policyholder reaches the final age.

3.1.4 No entitlement to benefits for earning disability

No benefits are paid:

- a. for any health impairment (illness or accident) that meant the insured person was completely unable to perform appropriate work in their former occupation or field of activity at the time the insurance application was signed;
- b. due to an illness or the consequences of an accident in the first 24 months after commencement of insurance cover for the cause of which the insured person was medically examined and/or sought regular treatment or check-ups during the 12 months before signing the insurance application or because of which the insured person was unable to work during the same period;
- c. if the earning disability was deliberately induced and caused (e.g. through self-harm);
- d. if the earning disability is due to the policyholder's active participation in military deployments abroad, war, civil war, unrest, terrorist attacks, sabotage or assassination attempts;
- e. if the earning disability is due to active participation in illegal or criminal acts and activities;
- f. if the earning disability is due to: the practice of professional sports; training and participation in sports that include the use of engines/motorized equipment; boxing; diving (deeper than 40 m); paragliding or hang-gliding; parachuting, base jumping; horse-racing; mountain climbing (>Grade VI, UIAA), canyoning or high-sea sailing;
- g. if the earning disability is due to mental illness (e.g. depression), unless it has been diagnosed and treated by a doctor specialized in psychiatry practising in Switzerland or unless it required inpatient treatment or a prolonged period in a hospital, sanatorium, clinic etc. in Switzerland;
- h. if the earning disability is due to accidents that occur under the influence of drugs, as well as accidents that are caused or provoked under the influence of alcohol with a blood-alcohol content that is the same as or higher than the legal limit for driving a motor vehicle;
- i. if the earning disability is due to the ingestion or injection of medicines, drugs or chemical products that are not medically prescribed, as well as to alcohol abuse;
- j. if the earning disability is due to non-work-related radioactive contamination.

3.2 Benefits in the event of unemployment

3.2.1 Entitlement of salaried employees to unemployment benefits

Unemployment is defined as the involuntary total (100%) loss of the insured person's job or, if they have multiple jobs, of the one in which they worked at least 25 hours per week and for which the Swiss unemployment insurance scheme (UI) pays the insured person full daily benefits.

Entitlement to monthly payments under the insurance policy arises to the extent that the insured person in salaried employment is 100% unemployed within the meaning of unemployment insurance (UI) during and after the waiting period specified in the insurance policy.

The waiting period given in the insurance policy commences on the date on which the insured person's entitlement to UI benefits starts. In the event that the waiting period expires after the start of a calendar month, the entitlement to benefits arises from the first day of the insurance month following that in which the agreed waiting period ends. Benefits for any following month are paid only after one calendar month of continued unemployment, otherwise no further benefits are paid.

The monthly payments are made only as long as the insured person fulfils both of the following conditions:

- when given notice of termination of employment the insured person had worked in the job for at least 12 months, with a permanent employment contract and a working week of at least 25 hours;
- the insured person is actively seeking new employment.

3.2.2 Qualifying period

Termination of an employment relationship of which Helvetia is notified within the first three calendar months of the first day after insurance commences does not entitle the insured person to insurance benefits.

3.2.3 Entitlement in repeated cases of unemployment

Repeated cases of unemployment within three calendar months of commencement of a new job as a result of termination of employment through no fault of the insured person is not deemed to be a new claim and does not trigger a new waiting period. Repeated unemployment after this date is deemed to be a new claim with a new waiting period.

In order to assert a repeated claim for monthly payments as a result of unemployment, the insured person must, after settlement of the original claim, have been continuously employed in a new permanent position with at least 25 working hours per week for a period of at least six calendar months.

3.2.4 Duration of unemployment benefit payments

The monthly payments in the event of continued demonstrable unemployment and existing insurance coverage are paid by Helvetia only during the period of cover per claim in accordance with the insurance policy and cease at the latest when the insured person reaches the final age.

3.2.5 No entitlement to unemployment benefits

No benefits are payable in the event of unemployment

- a. if the rules and control regulations of the relevant regional employment centre (RAV) have not been followed, and the daily benefits have been reduced by more than 15 days. If the entitlement to benefits has been suspended for fewer than 16 days, only the affected monthly payment is not disbursed. This does not apply to ordinary waiting days at the beginning of unemployment;
- b. occurring in the first 24 months after commencement of the insurance if the insured person, when signing the insurance application, (i) had not been employed for at least 12 months with a working week of at least 25 hours or (ii) was in a fixed-term contract or had had their employment contract terminated or was approaching early retirement;

- c. if the insured person received notice of termination of employment before signing the insurance application or was already unemployed when the insurance application was signed;
- d. in the event of voluntary unemployment, e.g. if employment was terminated by the employee or insured person;
- e. if the unemployment is a result of the regular or early termination of a temporary employment contract, seasonal employment contract or contract for temporary work;
- f. if the statutory unemployment insurance (UI) does not pay the daily benefit because the unemployed person received income from work while registered as unemployed in the month in question;
- g. if no entitlement to daily unemployment benefits exists under Swiss statutory unemployment insurance (UI) (e.g. in the case of unemployment due to the loss of self-employed activity) or for which an entitlement to UI benefits may exist, but only in the form of allowances;
- h. due to retirement or early retirement.

3.3 Benefit coordination

Insurance benefits based on earning disability or unemployment payable for the same period of time cannot be drawn simultaneously. Only one type of benefit is paid at a time.

3.4 Benefit limit

Benefits are payable under this insurance contract for a maximum of 36 months in cases of multiple periods of earning disability and/or unemployment. Benefits as a result of earning disability and unemployment are added together.

4 Entitlement to benefits and payment of premiums

4.1 Entitlement to benefits

Helvetia pays the insurance benefits exclusively and directly to the policyholder. Helvetia provides insurance coverage and is liable to pay insurance benefits only insofar as they do not restrict or breach any sanctions under UN resolutions and do not violate trade or economic sanctions imposed by Switzerland, the European Union or the United States of America.

4.2 Inalienability of entitlements

The policyholder may not pledge or assign benefits arising from this insurance policy prior to their falling due.

4.3 Payment of premiums

Insurance premiums (including stamp duty) are payable monthly in advance. The policyholder must pay the premiums to Helvetia monthly by direct debit (DD). If the policyholder does not have sufficient funds in the bank account to be debited, the premiums cannot be debited from that account.

The insurance premiums are payable even when a claim is ongoing.

4.4 Consequences of default

If an insurance premium is overdue in the direct debit process (e.g. due to insufficient funds in the account or to a return debit note, etc.), the policyholder receives a reminder and an extended period for payment. If the policyholder fails to fulfil their payment obligation by the end of this extended period, Helvetia is entitled to terminate the insurance policy without notice and with immediate effect.

4.5 Offset

If the policyholder fails to pay outstanding insurance premiums during an ongoing claim, Helvetia is entitled to offset the outstanding insurance premiums against the policyholder's claim to benefits. Once the insured event has ended, or if there is no entitlement to benefits for other reasons when the premium falls due, the premiums will be automatically debited directly again.

4.6 Change in premium rates

In the event of a change in the premium rate, Helvetia may demand adjustment of the respective premiums pertaining to this contract as of the first day of the following calendar month. To this end, Helvetia must notify the policyholder of the new premium at least two calendar months prior to application of the premium increase.

The policyholder may terminate this insurance contract after being notified by Helvetia of the change in premium.

If the contract is not terminated within 30 days of Helvetia notifying the policyholder of the change in premium, the contract adjustment is deemed to have been approved.

Premiums cannot be adjusted while a claim is ongoing. Any premium adjustment notified will take effect as of the first calendar month following expiry of the claim.

4.7 Surplus sharing

The policyholder is not entitled to a share in any surpluses.

4.8 Number of active insurance contracts

The policyholder cannot take out more than one active insurance contract for the present type of insurance. Should the policyholder have nevertheless taken out several contracts for the present type of insurance, Helvetia will pay insurance benefits only once, i.e. insurance benefits under several contracts for this type of insurance are not cumulative.

5 Claims

5.1 Obligations in the event of a claim

All claims must be submitted immediately to Helvetia's contracted claims management service provider:

Financial & Employee Benefits Services (febs) AG
P.O. Box 1763, 8401 Winterthur, Switzerland
Telephone: +41 (0)52 266 02 91, Fax: +41 (0)52 266 02 01
E-mail: bank-now@febs.ch

Helvetia's service provider will send the policyholder a claim form.

The signed claim form must be submitted without delay, together with the documents required to check and assess the claim.

5.2 Assessment of the insurance claim

The policyholder must submit the following documents to Helvetia or its contracted service provider so that the claim can be assessed:

- **Fully completed claim form**
- **In the case of earning disability:**
Medical certificate on the causes and nature of the illness or the consequences of the accident (doctor's certificate / medical records, diagnosis, etc.), and the degree and probable duration (prognosis) of the disability. A new medical certificate and/or documents certifying an extension of the earning disability must be provided each month.
- **In the case of unemployment:**
Copies of the employment contract and the employer's notice of termination, showing the date on which notice was given and the date of termination of employment; proof of registration as unemployed with the applicable regional employment centre and proof of ongoing payments and account statements for statutory (UI) unemployment benefits.

Claims are processed only if all documents are complete and valid. Insurance benefits are not paid out until all the documents required to check and assess the claim have been provided and the claim has been accepted. The policyholder bears the costs associated with the aforementioned documentary proof.

Helvetia is also entitled, at its own expense, to request or obtain further necessary information and evidence, and to have the insured person examined by an independent medical officer at any time. Helvetia or its contracted service provider is entitled to make direct contact with the doctors treating the insured person.

5.3 Duty of cooperation and loss mitigation

In the context of their duty of cooperation and loss mitigation in accordance with Section 5.2, the policyholder must:

- authorize Helvetia and/or its contracted service provider to request information and records from hospitals, doctors, employers, local authorities, insurance companies and institutions, and third parties, and release those parties from their duty of confidentiality;
- promptly notify Helvetia and/or its contracted service provider of their previous and current state of health and the course of the illness or accident.

If a policyholder fails to comply with any of these obligations, the payment of benefits will not fall due and Helvetia will be entitled to refuse benefits.

5.4 Payment of benefits

The policyholder must notify Helvetia of a bank account in Switzerland into which it can pay the insurance benefits.

6 Termination

Subject to a notice period of 30 days, the policyholder is entitled to terminate this insurance contract at the end of any calendar month without stating reasons. Termination must be made in writing, either by post or e-mail, to the address given in Section 5.1. The insurance then ceases at the end of the calendar month following notice of termination.

In the event that the policyholder terminates this insurance while being entitled to receive benefits, Helvetia's obligation to pay benefits ends upon expiry of the notice period.

7 Special provisions

7.1 Right of revocation

The policyholder may revoke this insurance within 14 days of the commencement date specified in the insurance policy, either by post to Financial & Employee Benefits Services (febs) AG, P.O. Box 1763, 8401 Winterthur, Switzerland, or by e-mail to bank-now@febs.ch, without incurring any costs. This applies even if Helvetia has already confirmed the insurance.

7.2 Transfer to third parties

The policyholder acknowledges and agrees that Helvetia may outsource and/or transfer certain services and activities in the context of this insurance to external third parties, in particular to Financial & Employee Benefits Services (febs) AG.

7.3 Data protection

Subject to compliance with data protection regulations, Helvetia and/or its contracted third parties are authorized to obtain and process any data from other third parties needed to perform the contract and/or settle claims.

The policyholder or the insured person may at any time request disclosure or rectification of the data relating to them. Private interests of the insured person meriting protection must be safeguarded, as must overriding public interests.

Helvetia and/or its contracted third parties will use any personal data provided for the performance of this insurance contract and any data submitted in connection with a claim solely for the purposes of concluding and managing the insurance contract and processing and settling claims. Helvetia and/or the third parties consulted by it are entitled to exchange, process and transfer the information and data required for contract performance. Where necessary, data is disclosed to third parties involved, namely coinsurers, reinsurers and other participating insurers, as well as courts, authorities and public offices. In all other respects, data protection is governed by the Swiss Data Protection Act (SR 235.1). Further, up-to-date information on data processing can be accessed at www.helvetia.ch/privacy.

7.4 Notifications and communications

Notifications concerning the insurance relationship must be made in writing, either by post or e-mail, to the address given in Section 5.1. Helvetia accepts no liability for loss or damage in connection with the use of electronic communication channels unless there has been a procedural lapse on its part. Information on the risks of digital communication is available online at www.helvetia.ch/privacy. Notifications intended for receipt by Helvetia take effect once received by either Financial & Employee Benefits Services (febs) AG or Helvetia. Declarations and communications to the insured person or their legal successors are deemed valid if they are sent to the most recent correspondence address provided.

7.5 Taxes

The insured person's insurance benefits are taxable in accordance with the applicable statutory provisions.

7.6 Place of jurisdiction and applicable law

This insurance is governed solely by Swiss law. In the event of disputes, the Swiss residence of the policyholder or the domicile of the insurer are the sole legal venues.

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