

# Declaration of a lack of earning capacity



Company: ..... Contract n° : .....

## 1. Information concerning the insured:

- a. Name and first name: .....  
Street: .....  
Post Code / place: .....  
Telephone n° : .....
- b. Date of birth: .....
- c. Which is your company:  
- insurer for loss of earning capacity (name and address) : .....  
.....  
.....  
-accident insurer (LAA) (name and address): .....  
.....  
.....

**and** attach balances of daily living allowances.

## 2. Information concerning lack of earning capacity and the professional situation:

- a. Cause of the lack of earning capacity  illness  accident
- b. Degree and duration : ..... % of ..... at .....  
..... % of ..... at .....  
..... % of ..... at .....
- c. Name and address of the attending physician:  
.....
- and** attach the medical certificates.
- d. Professional situation:  
- professional activity carried out before the beginning of the lack of earning capacity? .....
- will the insured person will be able to resume the same professional activity ?  yes  no
- will the work contract be cancelled?  yes  no  
If yes, when? .....

## 3. Declaration of the insured concerning the dispensation from the obligation for medical secrecy:

I the undersigned, .....  
do hereby authorise, La Collective de Prévoyance - Copré to request all the information considered necessary for the appreciation of my past, present and future state of health and to approach the hospitals, doctors, medical staff and authorities, in particular the life, sickness and accident insurers, federal invalidity insurance, federal military insurance and federal accident insurance. As such, I release from the professional secret the above mentioned institutions and authorise them to give to La Collective de Prévoyance - Copré or to its mandators, all desired information, without reserve.

Date: ..... Signature of the insured: .....

## 4. The undersigned persons attest, on their honour, the accuracy of the above information.

Date: ..... Stamp, signature of the employer: .....