

INFORMATION SHEET ENQUIRIES DAILY SICKNESS BENEFITS.

GENERAL BENEFITS MANAGEMENT

- › SWICA manages insured benefits in a timely and comprehensive manner in accordance with legal and contractual requirements. Furthermore, it regards insured persons, employers and doctors as partners that participate in managing these benefits.
- › SWICA expects insured persons to make reasonable contributions to maintaining their capacity for work or to reducing their incapacity for work. It also expects doctors to evaluate any cases of incapacity for work to the best of their ability by taking due account of the specific work situation (workload, various strains, options of working in less exposed settings, etc.). Employers must aim to keep their employees in their jobs even when they are not fully fit for work. Partially fit employees can still complete valuable tasks and contribute significantly to the company's success.
- › Incapacity for work has no inherent benefit and in itself can be regarded as a means for curing illness or keeping it from getting worse. On the other hand, work itself can also be seen as a type of therapy that contributes to healing or to preventing the negative effects of an illness. It is therefore recommended that the doctors use incapacity for work only if and to the extent that it helps their patients to heal or that it prevents the condition from worsening. It is also recommended that the doctors consult the patient's employer about stress levels at the workplace and discuss the options for having the person work in a less exposed setting.
- › The confirmation of incapacity for work should reflect the patient's specific work situation with a view to minimising the total time of the absence, expressed as a percentage of the person's full capacity. We aim to work with all the involved parties to devise optimum ways of reducing incapacity for work and contributing to the shared goal of helping persons to recover as quickly as possible and resume their accustomed work activities fully.

- › SWICA supports all parties involved in these efforts:
 1. Insured person: SWICA offers care management to the insured person. Our care managers support and advise insured persons about their personal situations and help them to get well and return to work. In addition, SWICA arranges for medical examiners to assess the situation and clarify the extent to which the person in question is fit for work and what options there are for making improvements. The medical examiner's findings can also serve as a second opinion for the insured person.
 2. Employer: With its care management service and workplace analyses, SWICA provides a suitable means of helping the person return to work as quickly as possible or of identifying other work options for incapacitated employees. SWICA supports employers in their discussions with the treating doctors in order to determine the best options for assigning incapacitated employees. If a "Resource-oriented reintegration profile (RRP)" is used, SWICA will assume the costs and support its application. SWICA relies on its medical examiner's opinion to optimally assess insured persons' capacity for work and help them resume work as quickly as possible. The concerted effort made in connection with assessing the person's incapacity for work also serves to reduce the burden on employers.
 3. Doctors: SWICA commissions medical examiners to assist treating doctors in assessing the person's capacity for work and will instruct them to evaluate all circumstances relating to the situation and to optimally determine the extent to which the person is able to work. The treating doctors are asked to discuss the matter with the medical examiners with a view to forming a consensus on the person's medical situation. If a "Resource-oriented reintegration profile (RRP)" is used, SWICA will assume the costs and support its application.

MEDICAL ENQUIRIES FOR CASES INVOLVING DAILY SICKNESS BENEFITS

Daily sickness benefit insurance claims often require medical enquiries conducted by medical examiners. SWICA regularly obtains medical opinions at its own expense. These opinions serve to identify options for improving the situation and administering treatment, to gauge the person's capacity for work in the current job or in other forms of gainful employment, and to make a prognosis. The insured person can also use the medical report as a second opinion to confirm their current condition or to optimise their treatment.

SWICA offers the insured person and the treating doctors to participate actively in this process with a view to achieving a mutually accepted result.

PREPARATION

- › SWICA informs the partners (insured person, treating doctors) about any enquiries (especially medical opinion) that require the insured person to be personally involved.
 - Why is it necessary to conduct an enquiry (e.g. clarify the person's capacity for work)?
 - Where is the enquiry taking place (e.g. name and address of the medical examiner)?
 - What specific issues must be clarified (list of questions)?
 - When should the enquiry take place?
 - What else has to be organised (e.g. documents requested from the attending doctor, interpreter organised, etc.)?
 - Who will cover the costs?
 - What happens if an appointment has to be postponed and under what conditions is this acceptable?
 - What happens if the insured person does not cooperate?
- › Insured persons can comment on the enquiry as to whether
 - they agree with the medical examiner. If not, what objective reasons speak against this medical examiner, e.g. personal acquaintance, already being treated there (or previously), technically unsuitable (wrong field of specialisation), etc.? SWICA accepts a change of medical examiner only if there are objective reasons.
 - they would like to ask additional questions, in which case they would need to provide those questions. SWICA will be happy to include the insured person's additional questions in the list.
 - the schedule of the enquiry is possible; if not, why not. There must be objective reasons for postponing the appointment.
- › SWICA considers any documents the insured person offers and takes them into account in its further decisions.
- › The insured person is obliged to cooperate in the enquiry within reason.

Conducting an enquiry is generally regarded as a reasonable measure. Only in exceptional cases can the reasonableness be questioned, in which case the insured person must give objective reasons.

In the case of insured persons who choose not to cooperate, SWICA must inform them of the consequences and grant them a period to reconsider their decision.
- › The treating doctors should have the opportunity to describe their view of the situation. They must be able to give their opinion on the findings, diagnoses and consequences (course of treatment, capacity for work).
- › SWICA requires the treating doctors to share their information and expert opinions with the medical examiner. It also requires them to provide the medical examiner with any third-party reports and imaging material (x-rays, MRI scans, etc.) that may be available.
- › The insured person is informed that the treating doctor can comment on this.

MANDATE AND EXECUTION

- › SWICA issues a mandate to the medical examiner based on the information that the insured person and the doctor provide.
- › The mandate is sent to the insured person and the treating doctor.
- › The partner to the group contract is notified in general terms if and when a medical opinion is being obtained.

INFORMATION ABOUT THE INVESTIGATION RESULT – MEASURES

- › SWICA relies on the medical examiner's opinion for making decisions in connection with further benefits that are due. A change from this approach is possible only if there are objective reasons for a different solution. The insured person or treating doctor must provide such reasons directly in the form of a report or information about the next medical treatment steps that prevent the insured person from resuming work.
- › SWICA notifies the insured person and the treating doctor about the planned measures.
- › The partner to the group contract must be informed of any measures that affect him or her (e.g. capacity for work).
- › If SWICA wants to ask the medical examiner questions about the opinion, it will give insured persons the opportunity to state within five days whether they would also like to ask additional questions and, if so, which ones.

- › The insured persons can then comment on the planned measures and raise objections.
 - The insured person must accept the measures, unless objections can be raised on the basis of neutral opinions.
 - Insured persons must be specifically informed of their rights and obligation to cooperate – and of their obligation to minimise damage if they refuse the measure. SWICA must grant insured persons enough time to study the matter (maximum ten days) and inform them of the consequences if they fail to comply.
- › SWICA must give the treating doctor the opportunity to comment on the findings in the report and to raise objections. In particular, he or she must be asked to comment on the evaluation of the person's capacity for work and the proposed treatment measures and be asked to observe these specifically, provided that he or she has no significant objections to them.
- › SWICA will study the objections and take them into account if confirmed by a neutral opinion. In every case, the partner that raises the objection will receive a reply with reasons.