Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Finance FDF

Central Compensation Office CCO
Disability insurance Office
for insured people living abroad

QUESTIONNAIRE FOR SELF-EMPLOYED

Please return to : DI Office for insured persons abroad,
Av. Edmond-Vaucher 18, POB 3100, 1211 Geneva 2, Switzerland
Fax +41 58 461 99 50, E-Mail : oaie@zas.admin.ch

Name :	DOB :
Our ref. :	

Important :

Please, duly complete, date and sign this questionnaire (please print).

DESCRIPTION OF YOUR INDEPENDENT ACTIVITY BEFORE YOUR HEALTH DETERIORATED

1. Name and address of the firm / corporation

2. Please precisely describe your activity **before your health deteriorated:**

Kindly fill in paragraph 14 of the questionnaire

3. Since what date have you been self-employed (dd.mm.yyyy)??

Please submit the copy of the registration with the Registry of Commerce and Companies or any other relevant documentation.

4. Working hours **before your health deteriorated** :
daily | weekly :

5. How much was your monthly income **before your health deteriorated**?

Please submit the tax forms/tax returns for the three fiscal years prior to your health deterioration.

6. Until what date were you able to work without any restrictions *(dd.mm.yyyy)?*

DESCRIPTION OF YOUR INDEPENDENT ACTIVITY AFTER YOUR HEALTH DETERIORATED

7. Working hours **after your health deteriorated** :
daily weekly :

8. How much was your monthly income **after your health deteriorated**?

Please submit the tax forms/tax returns for the three fiscal years after your health deteriorated.

9. Because your health deteriorated :

a) Did you perform lighter work compared to what you previously were able to accomplish?

☐ Yes ☐ No

If yes, which?

Since when ?

b) Did you have to outsource work that you were previously able to accomplish personally?

☐ Yes ☐ No

If yes, which? Additional costs caused

c) Did you have to employ additional salaried personnel?

☐ Yes, how many: __________ ☐ no

For which period?

From (dd.mm.yyyy)	To (dd.mm.yyyy)

For how many hours weekly?

Salaries	Social security charges

d) Did you have this personnel do the work that you were previously able to accomplish yourself?

☐ Yes ☐ No

If yes, which work?

10. Downtime caused by your deteriorated health (please precisely indicate the periods, with beginning date(s), and ending date(s) of the downtime and if this was partial or 100% downtime)

Please submit an attestation of your health- and/or accident insurer or the loss of income insurance.

11. Have you definitively given up your activity?

☐ Yes ☐ No

If yes, since what date (dd.mm.yyyy) ?

Please submit the certificate of deregistration with the Registry of Commerce and Companies

12. Are you receiving disability benefits from the social insurance of your country of residence?

☐ Yes ☐ No

If yes, since when?

Kindly attach the copy of the insurance decision

13. Additional comments

I, the undersigned, hereby certify to have truthfully and completely responded to above questions.

Place and date : Signature :

14. ADDITIONAL QUESTIONS: DESCRIPTION OF THE INDIVIDUAL ACTIVITY

The information you are giving us here is of utmost importance. Indeed it will permit our medical services to process your request with optimum compliance.

For the following questions, please indicate the primary tasks and the requirements needed to accomplish your activity. Be as precise as you can.

What tasks make/made part of your workplace/your job description/activity	**how often did these tasks have to be performed daily, based on an 8-hour-day**		
	up to ½ hr seldom	btwn ½h - 3hrs sometimes	btwn 3hrs - 5¼ h often
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

With what requirements/physical and intellectual burdens were you confronted ?	**how often did these requirements have to be performed daily, based on an 8-hour-day**		
Physical	up to ½ hr seldom	btwn ½ - 3hrs sometimes	btwn 3hrs - 5¼ hrs often
Sitting	☐	☐	☐
Walking	☐	☐	☐
Standing	☐	☐	☐
Lifting and carrying (light 0-10 kilos)	☐	☐	☐
Lifting and carrying (medium 10-25 kilos))	☐	☐	☐
Lifting and carrying (heavy over 25 kilos)	☐	☐	☐
Other	☐	☐	☐

	The daily requirements/burdens are		
Intellectual	high	average	low
concentration/attention to detail	☐	☐	☐
endurance	☐	☐	☐
care	☐	☐	☐
Facility of understanding	☐	☐	☐
other	☐	☐	☐

Other requirements/burdens:

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Please write down any additional information that may give us a more realistic picture of your activity