



QUESTIONNAIRE FOR INDEPENDENT FARMER

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. Since what date have you been an independent farmer (dd.mm.yyyy ? _____
2. Who is currently in charge of this farm ? _____
3. Please indicate the total surface of the terrains of this farm (both, owned terrains and leased terrains) in m²:

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How many square meters are intended for:

- Pasture - grazing : _____ m²
- Crop cultivation : _____ m²
- Arboriculture (including nuts, olives and other fruits and berries): _____ m²
Please specify the type of crop: _____
- vegetables and grains cultures : _____ m²
Please specify the type of crop: _____
- other cultures: _____ m²
Please specify the type of crop: _____
- vineyard : _____ m²
- forest : _____ m²



Number of livestock

- cattle : _____
- sheep : _____
- chicken : _____
- goats : _____
- porks : _____
- other : _____

Agricultural machinery

Type : _____ Number : _____

Current value of your machinery (please indicate currency)

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

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Kindly fill in paragraph 15 of the questionnaire

4. a) Your working hours **before your health deteriorated** :

daily: 	weekly:
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b) How much was the net income **before your health deteriorated**:

Year	Amount (please indicate currency)

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



5. With the exception of yourself, how many persons were working on your farm before your health deteriorated?

Family members:

Employees :

For what period / season?

From (dd.mm.yyyy)

to (dd.mm.yyyy)

For how many hours weekly?

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

REDUCTION / CESSATION OF THE INDEPENDENT ACTIVITY AFTER YOUR HEALTH DETERIORATED

7. Because your health deteriorated:

a) you had to give up certain activities on your farm?

yes

no

If yes, what activities ?

b) did family members have to increase their collaboration?

yes

no

If yes, which family member(s) and for which activities?



c) did you have to employ salaried personnel?

yes, how many persons: _____ no

If yes, for what period / season?

From (dd.mm.yyyy) to (dd.mm.yyyy)

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During how many hours weekly?

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Wages

Social security charges

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8. How much was the net income of this farm **after your health deteriorated**:

Year

Amount (please indicate currency)

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

9. What work are you still able to accomplish personally?

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For how many hours daily?

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10. What work are you unable to accomplish because your health deteriorated?

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11. Have you definitively given up your activity?

yes

no

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

ADDITIONAL ACTIVITY

12. Lucrative activity besides farming. Please describe this activity :

self-employed

employed by (Company/ name/ address) :

Please accurately describe this activity besides farming :

For what period / season?

From (dd.mm.yyyy)

to (dd.mm.yyyy)

How many hours weekly/monthly/yearly?

Monthly/yearly income generated by this additional activity:

What was the reason for giving up this additional activity?



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

yes no

If yes, since when (dd.mm.yyyy)?

Kindly attach the copy of the insurance decision

14. Additional comments:

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

Place and date:

Signature :



15. 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 do these tasks have to be performed daily, based on an 8-hour-day

up to 1/2hr seldom btwn 1/2h – 3hrs sometimes btwn 3hrs-5 1/4hrs often

With what requirements/physical and intellectual burdens were you confronted?

how often do these requirements have to be performed daily, based on an 8-hour-day

up to 1/2h seldom btwn 1/2h – 3hrs sometimes btwn 3hrs-5 1/4hrs often

Physical

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

High average low

Intellectual
Concentration/attention to detail
Endurance
Care
Facility of understanding
Other



Other requirements/burdens

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

Empty box for writing additional information.