

1. Employer's details

Company name _____

Address _____

Postcode and town/city _____

Branch (if applicable) _____

2. Policy details

The notification is made for following insurances:

- WGA* Supplementary insurance
- WGA* Shortfall insurance
- WGA* Excess insurance
- WIA** Income Protection insurance
- WIA** Surplus insurance
- Pension Contract through Meijers***
(on account of waiver of premium in the event of incapacity for work)

Policy number/contract number

* The Return to Work Scheme for the Partially the Disabled

** The Work and Income according to Working Capacity Act

*** Please also inform the pension manager about the incapacity for work when the pension is not managed by Meijers.

3. Details of the employer and internal case manager

The policy is issued in the name of (employer) _____

Address _____

Postcode and town/city _____

IBAN _____

Internal case manager's name _____

Internal case manager's telephone _____

Internal case manager's email address _____

Internal case manager's gender Male Female

Name of the Arbodienst*/company doctor _____

Contract number Arbodienst* /company doctor _____

Contract number Arbodienst* /company doctor _____

* Working conditions service

4. Details of the employee/insured party

Name and initial(s) _____

Gender Male Female

Date of birth _____

Address _____

Citizen Service Number _____

Telephone number _____

Position _____

Department _____

Date into employment _____

Type of contract Permanent Temporary, ending on _____

Contracted hours/week _____

Annual salary before 1st day of absence € _____
(standard salary definition)

Does the employee receive a 13th month payment Yes No

Does this annual salary include addition of a holiday savings scheme?
(only for the construction sector and related sectors) Yes No

In addition to his normal work, does your employee perform work for another employer? Yes No Unknown

5. Absence

Date of first day of absence _____
(if combined, please outline the course)

Is the cause of the absence work-related? Yes No

Did the occupational incapacity arise as a result of an accident? Yes No

Is the absence caused by a liable third party? Yes No

Are there pregnancy/childbirth related conditions? Yes No

In relation to the pregnancy/childbirth-related conditions, has sickness benefit been requested from the UWV**** No Yes, granted on _____

Has there been a special status/social insurance payment during the past 5 years?
(such as WAO, WIA**, WAJONG****?)* No Unknown Yes, which is: WAO WIA Wajong

Current benefit: Yes No

In relation to the current notification of absence, has sickness benefit been applied for from the UWV****? No Yes, granted on _____

Has the employee been off work in the past because of the same complaints No Yes, during the period _____

During the past 5 years, before the first day of illness, has your employee completed the qualifying period for the WIA (104 weeks) Yes No

* Disability Benefit

** The Work and Income according to Working Capacity Act

*** Act on Disability Benefits for Young Disabled Persons

**** Employee insurances Implementing Agency

6. Activities and restrictions in the current position

How is the work usually divided?

Usual percentage of administrative work _____ %

Usual percentage of travel-related work _____ %

Usual percentage of operational work _____ %

Usual percentage of managerial work _____ %

Usual percentage of commercial work _____ %

Is the employee restricted in performing:

Administrative work Yes No

Travel-related work Yes No

Operational work Yes No

Managerial work Yes No

Commercial work Yes No

7. (Partial) resumption details

Is your employee able to reintegrate Yes No

According to the company doctor, is there No Durable Work Ability (GDBM) in accordance with the UWV guideline Yes No

Has the company doctor said that it is possible to apply for an early IVA (Income Provision Scheme for Fully Occupationally Disabled People) Yes No

Has the early IVA been applied for? No Yes, on _____

Has work now been partially resumed? No Yes, _____ hours each week.
as off/per _____ (date)

Own work Modified work

Current recovery percentage _____ % on _____ (date)

If work has been partially resumed, but there is not yet partial recovery, indicate the date of which there has been partial recovery.

Do you anticipate that your employee will recover within 2 years after the 1st day of absence? No Yes, within _____ months

Does the company doctor anticipate inflow into the WIA? Yes No Unknown (no medical information)

Does your working conditions service/company doctor have a different goal in mind to you? Yes No

8. Reintegration

Have interventions for promoting reintegration been put into place or recommended? No Yes

Has a waiting list referral service been recommended? No Yes, on _____

Has a waiting list referral service been started? No, because _____
 Yes, on _____

Has mediation been recommended No Yes, on _____

Has medication been started No, because _____
 Yes, on _____

Has an investigation by an occupational expert been recommended No Yes, on _____

Has an investigation by an occupational expert started No, because _____
 Yes, on _____

Has support with re-training or training been recommended No Yes, on _____

Has support with re-training or training started No, because _____
 Yes, on _____

Has outplacement/reintegration track 2 been recommended No Yes, on _____

Has outplacement/reintegration track 2 started No, because _____
 Yes, on _____

Has an expert opinion been requested from the UWV? No Yes, by _____ employer employee

What question was asked in terms of the expert opinion from the UWV

What was the conclusion of the expert opinion at the UWV

9. Questions in respect of your expectations

What is the current goal of the reintegration? The employee will recommence work in his/her own position.
 The employee will partially recommence work in his/her own position.
 The employee will work in a different position within our company.
 The employee will work at a different company.
 The employee will not be reintegrated.
 There are no options that make long-term reintegration a possibility.

Which requirements does the work have to fulfil if the employee recommences work? I anticipate that the employee will be able to work, but...

for fewer hours than stated on the contract.
 is able to do less onerous work than his/her own work.
 has to be able to change his/her working posture.
 has to do the work at home or in a quiet area.
 Along with the employee, I have to determine the type of work he/she does. For example: work at a slower pace, not being responsible for his/her tasks, not working or only working limitedly with others.

I have to determine the working hours along with the employee, so that the employee can undergo therapy or rehabilitation.

None.

Other _____

10. Eligibility for Permanent Invalidity Benefit (Restrictions) Act (Wet (Verbetering) Poortwachter)

Has a problem analysis been prepared No Yes, date: _____

Has an action plan been prepared No Yes, date: _____

Has the action plan been modified since then No Yes, date: _____

11. Signature

Town/city

Name of the employer's contact person/case manager

Date

Signature of the employer's contact person/case manager*

* If this is submitted digitally, a signature is not required.

We would like to draw your attention to the fact that you must submit this form promptly. In addition, using the form "Notification of long-term illness", you have to inform the UWV in the 42nd week.

Once it has been completed, you can return this form digitally, or send it to:

Meijers
P.O. Box 707
1180 AS Amstelveen

Digital submission

Save this filled-in form and
attach it to an e-mail to

verzuim_en_wia_support@meijers.nl

The provision of medical information.

Under the Dutch Data Protection Authority (College Bescherming Persoonsgegevens) directives, the provision of medical information that can be traced back to a person is not permitted if the relevant person has not issued explicit consent for this by means of a written authorisation. We would like to refer you to the following [document](#) concerning the ill employee and privacy. A STECR (knowledge centre on reintegration for professionals) working guide is also available concerning privacy; this can be ordered from www.stecr.nl

We kindly but firmly advise you not to record or send medical information if you have not received the explicit written consent from the person this concerns.