

Notice Concerning Insurance *(for temporary employees)*



The present document contains detailed information on the most important compulsory coverage provisions of the Accident Insurance Act and the Health Insurance Act as well as additional insurances.

1 Compulsory accident insurance

1.1

Principle

All employees of

- F. Hoffmann-La Roche Ltd
- Roche Pharma (Switzerland) Ltd
- Roche Glycart Ltd
- Roche Diagnostics International Ltd
- Roche Diabetes Care (Switzerland) Ltd
- Roche Diagnostics (Switzerland) Ltd
- Roche Forum Buonas Ltd
- Taverio Ltd

are covered by compulsory insurance against accidents and occupational illnesses in accordance with the Accident Insurance Act (Unfallversicherungsgesetz, UVG). To be covered against nonoccupational accidents, a weekly working time of at least 8 hours is required.

The employees of all the companies listed above are insured with Suva (Swiss National Insurance Fund). The premiums are paid entirely by the companies.

Those staff working at a Roche company but employed by a third-party company are also covered under the Accident Insurance Act, but their premiums to the relevant insurance company are paid through their employer.

1.2

Duty to report accidents

All accidents, even those that do not result in an interruption of work, **must be reported without delay to the accident notification office (*Unfallmeldestelle*)** (tel. 061 682 31 32) which, in turn will notify Suva and CSS Insurance. This **duty to report** applies to both occupational and nonoccupational accidents.

Depending on the circumstances, failure to report an accident – or reporting incorrect details – may result in the withdrawal of all or part of the insurance benefits.

1.3

Scope of insurance

The insurance policies cover **occupational** accidents, occupational illnesses, bodily injuries similar to those sustained in an accident, and **nonoccupational** (leisure-time) accidents. The insurance cover for nonoccupational accidents is subject to a minimum of 8 working hours per week.

Accidents which occur while the employee is travelling directly to and from work are generally classed as nonoccupational accidents. For employees who work less than 8 hours per week, accidents occurring while travelling directly to and from work count as occupational accidents.

Insurance cover commences on the planned or actual day on which employment begins, and not later than the time at which the employee sets off for work. It **ends** on the thirty first day after the day on which an entitlement to at least half the salary ends (i.e. the salary that determines AHV contributions).

There are no restrictions concerning the time or place of the accident, i.e. insurance coverage is valid the world over and also for accidents which occur during the employee's holidays. Nonoccupational accident insurance covers motorcycle, car and aeroplane accidents (including glider and charter flights) as well as hang gliding and mountaineering accidents, among others.

The benefits are reduced for nonoccupational accidents which arise as a result of participation in hazardous pursuits, and may even be entirely lost in particularly serious cases. Hazardous pursuits are activities which put the insured in extreme danger without him or her taking, or being able to take, the precautions necessary to reduce the risk to a reasonable level. Attempts to rescue others, however, are insured even if they are considered to be intrinsically hazardous acts.

In accidents which involve gross negligence (e.g. acting under the influence of alcohol, failure to wear safety belts, etc.), the insurance companies may reduce the level of benefits. Any reduction in benefits shall be borne by the employee.

1.4 Insurance benefits

Daily incapacity benefits and pension benefits are based on the insured earnings. The insured earnings are equivalent to the wages received before the accident, up to a maximum of CHF 148,200 per year.

The benefits consist of:

1.4.1 Medical care benefits

Doctor's bills, hospital fees **for the general ward**, costs of medication and all medical supplies and appliances relating to the treatment, as well as any costs necessary for rescue or recovery operations, travel and transport.

1.4.2 Daily incapacity benefit

In the event of a 100 % incapacity to work due to accident the insurance companies provide daily benefits for an unlimited period to the value of 80 % of the insured earnings before the accident, but not exceeding CHF 406 per calendar day. In the event of partial incapacity to work, the statutory daily benefit is reduced in relation to the degree of incapacity. (As long as the company pays the insured's wages or salary it is entitled to the insured's daily benefit.)

During hospital stays the following deductions towards the costs of food and accommodation covered by the insurance companies are subtracted from the daily benefit and **borne by the employee**:

- There is no deduction if a duty of care exists for minors or children still in education.
- 20 % of the daily benefit, but not more than CHF 20, for single insureds without dependants.
- 10 % of the daily benefit, but not more than CHF 10, for married persons and single persons with dependants.

(This rule also applies if Federal Military Insurance is liable to pay benefits rather than the insurance companies.)

1.4.3 Disability pension

For total disability: 80 % of the annual salary received during the year before the accident (not exceeding a legal maximum of CHF 148,200). For partial disability the disability pension is reduced in relation to the degree of disability.

1.4.4 Compensation for grievous and permanent bodily and/or mental injury

Lump sum payments up to a maximum of the annual insured earnings at the time of the accident, reduced in accordance with the severity of the grievous and permanent bodily and/or mental injury sustained.

1.4.5 Attendance allowances

Monthly allowance, available to disabled persons who, as a result of disability arising from an accident, require either long-term assistance from others or individual supervision in carrying out the activities of daily living. The allowance is reduced according to the degree by which activity is restricted. The monthly allowance amounts to at least twice and at most six times the maximum daily insured earnings.

1.4.6 Surviving dependants' pensions

If the insured dies as a result of the accident, the children and – subject to certain conditions – the surviving spouse (whether divorced or not) are entitled to surviving dependants' pensions. The surviving spouse is entitled to either a pension or a cash settlement.

The following categories of persons shall be entitled to pension benefits:

- a surviving spouse whose own children are entitled to a pension or who lives in a household together with other children who are entitled to a pension
- the spouse, if at least 2/3 disabled
- the widow, if she has children who are entitled to a pension or is at least 45 years old
- the widower, but only if he has children who are entitled to a pension
- children of the deceased insured.

A divorced spouse is treated equally to a widow or widower on condition that the injured person was under court order to pay maintenance allowance to said spouse.

The entitlement lapses upon the remarriage or death of the entitled person. In the case of children, entitlement lapses on the 18th birthday or upon the orphan's marriage or death. The pension is payable until the child's education is completed, but not beyond the child's 25th birthday.

Surviving dependants' pensions are equivalent to the following percentages of the insured earnings:

- | | |
|--|------|
| – for widows and widowers: | 40 % |
| – for half-orphans: | 15 % |
| – for full orphans: | 25 % |
| – for several dependants together, a total of no more than | 70 % |

For a divorced spouse the surviving dependant's pension corresponds to 20% of the insured earnings, but shall not exceed the maintenance allowance owed.

If the pensions for the surviving spouse and children amount to more than 70 % of the insured earnings or, when aggregated with the divorced spouse's pension, to more than 90 % of the insured earnings, they shall be reduced in equal amounts.

The level of the cash settlement for a widow under the age of 45 without children, or for a divorced wife, is equivalent to:

- a) one year's annual pension if the marriage lasted less than one year
- b) three times the annual pension if the marriage lasted more than one year but less than five years
- c) five times the annual pension if the marriage lasted more than five years.

1.4.7 Supplementary pensions

If insureds or surviving dependants are entitled to AHV or IV benefits they will be jointly awarded a supplementary pension corresponding to the difference between 90 % of the insured earnings and the value of the AHV or IV benefits, but not more than the amount provided for full or partial invalidity.

1.5

Funeral benefits

Reimbursement of funeral expenses up to seven times the maximum daily insured earnings. Please refer to the relevant provisions in the articles of the pension funds concerned with regard to offsetting the above-mentioned benefits against indemnities payable from these pension funds.

1.6

Extended accident cover

If the insured's compulsory nonoccupational accident insurance is about to lapse (see section 1.3 above) an employee may, on an individual basis, extend the cover through the employer's UVG insurer for a maximum of 6 successive months. A condition of such insurance is that the outgoing employee may not be gainfully employed during this period.

The premiums for this individually negotiated insurance must be paid within the last 31 days of compulsory cover.

Extended accident cover is particularly suitable as interim insurance for a prolonged holiday, for unpaid leave, for a language stay or to bridge the break in employment between jobs.

Further information can be obtained from the Insurance Office, tel. 061 682 31 32.

1.7

Accidents during temporary residence abroad

SuvaCare Assistance is a service providing cover in the event of accidents occurring abroad. All persons insured by Suva can use the Assistance scheme to obtain medical assistance, protection and advice when staying abroad for limited periods.

This includes access to a 24-hour Helpline, a worldwide network of physicians, care services, and advance payments for items such as doctor's bills, medicines and hospital costs, plus transport to a reputable hospital or repatriation.

If you need help in the event of an accident abroad, call +41 848 724 144 (round-the-clock worldwide assistance). Calling the Assistance service does not take the place of the duty to report accidents as per section 1.2 above.

1.8

Insurance cover for business trips

As of 1 January 2017, all Roche employees are covered by a new global Business Travel Accident (BTA) insurance arrangement provided by Royal & Sun Alliance (RSA).

The new arrangement provides standard coverage on business trips for all permanent and temporary Roche employees, accompanying spouses and children. The new policy provides the following coverage:

- Personal accident: lump-sum benefit on death or permanent disability due to an accident of up to 200 % of the annual basic salary
- Medical emergencies: unlimited coverage in case of emergencies abroad
- Travel insurance: including baggage coverage, travel cancellation or delays, loss of personal items

You can find details on the arrangement and the policy on the Global BTA page on RocheNet.

2

Health insurance compulsory for foreign employees resident in Switzerland

All persons resident in Switzerland (based on location of employment¹⁾) must have insurance cover. This is also compulsory for foreign residents whose residence permits are valid for at least 3 months.

Insurance cover is not compulsory for foreigners staying in Switzerland for less than 3 months.

Roche Major Medical Plan for cases of serious illness (RRG)

RRG covers medical costs in the event of illness that are not covered in part or in full under existing insurance plans.

Details are available online at:
RocheNet/Services & Tools/Insurances/Contractual Insurance

Roche term life insurance (RRL)

RRL is supplementary insurance cover stipulated by the employment contract for all employees in the event of illness or accident.

Details are available online at:
RocheNet/Services & Tools/Insurances/Contractual Insurance

Health insurance for border commuters

Border commuters from Germany, France, Austria and Italy are subject to special conditions Cross-border commuters¹ from Germany, Austria, Italy and France however have the right to choose their place of insurance; they can opt to be exempted from the obligation to take out insurance in Switzerland and remain insured in their country of residence. Cross-border commuters must decide on their place of insurance within three months of the date on which their cross-border permit enters into effect.

The employees are responsible for contacting a health insurance provider themselves. Once an employee decides to take out insurance in Switzerland or in one of the above neighbouring countries, it may be possible to change the decision at a later date in the event of special circumstances and confirmation from the responsible authorities.

To exercise their right of exemption from the obligation to take out health insurance in Switzerland, employees must be exempted by the responsible cantonal authority within three months of taking up gainful employment in Switzerland. The exercise of the right to choose also covers family members who are not gainfully employed (except in Germany) and is irrevocable.

Border commuters (but not their family members) also have the option of receiving medical care at the location where they live or where they work.

Swiss citizens living in Switzerland and working in one of the countries mentioned above do not have a choice between being insured on one side of the border or the other; they are explicitly required to be covered by insurance in the neighbouring country where they work.

¹ The same applies to Swiss nationals living in a neighbouring country and working in Switzerland.

What you need to do

Border commuters from the 4 neighbouring countries

To exercise their right of exemption from the obligation to take out health insurance in Switzerland, employees must be exempted by the responsible cantonal authority within three months of taking up gainful employment in Switzerland (BAG). The exercise of the right to choose also covers family members who are not gainfully employed (except in Germany) and is irrevocable.

Further information is available from:

- The **SWICA Grenzgänger agency** on tel. 061 270 62 62 (information is also available in English) or by email at grenzgaenger@swica.ch.

Foreigners (except for border commuters)

Foreigners (except for border commuters) whose period of residence will exceed 3 months are required to take out the legal minimum level of health insurance cover with a Swiss insurer.

Further information is available from:

- The **SWICA agency**, Roche-Hotline tel. 061 270 67 57 (information is also available in English) or by email at Roche@swica.ch.
- the **agents for the health insurance providers** (see telephone directory or consult your local governmental administration)

Foreigners residing in Switzerland for less than 3 months

Before their arrival in Switzerland, the insurance cover for these employees will be checked by the personnel department responsible.

Roche as employer declines any liability for uncovered costs.

This brochure was prepared for information purposes only. In no way is it intended to replace the detailed and binding provisions set out in the insurance documents. Nor, by extension, is it to be construed as justifying any claims against F. Hoffmann-La Roche Ltd.

Valid from 1 January 2017