**** Federal Old-Age, Survivors’ and Disability Insurance OASI/DI

**Additional application form R for disability insurance benefits (DI)
(recourse against liable third parties)**

Application dated

**Insured person**

First name and last name:       Home/mobile no. and business no.:

Insured no.:

Date of birth:       E-mail:

*Our ref.:* *Date:*

It is possible that, in connection with the event for which you are submitting a request for benefits under Disability Insurance (DI), the liability of a third party is involved. If this is the case, DI, acting via the recourse services offered by the Federal Social Insurance Office (FSIO), exercises its right of recourse against the responsible person or his/her liability insurance, up to the amount of the benefits concerned. The answers you provide to the questions set out below will allow us to establish the facts relating to the circumstances involved in your specific case.

**Please do not agree any transaction with the third party presumed liable or with this person's insurance without specifying that you have applied for disability insurance benefits or that you receive DI benefits and without ensuring that the rights of recourse and subrogation pertaining to disability insurance are not affected.**

Thank you for your cooperation.

1. **Insured event:**
	1. Circumstances of the event which caused the health issuefor the victim:
* [ ]  road traffic accident
* [ ]  workplace accident
* [ ]  other type of accident (during a sporting activity, assault, fall, etc.)
* [ ]  other cause (medical error, hospital-acquired infection, illness, suicide attempt, cause related to an animal or product, etc.):
Please specify which:
	1. Date and place of event:
	2. Detailed description of the event:

- What happened? What are/were the cause(s)?

* Were any third parties involved? What did they do?

	1. Persons implicated in the event (name, address, tel., e-mail):

Instigator(s):

Witness(es):

1. **Police and criminal proceedings**
	1. Were the police or any other official authority called in to deal with the event? no [ ]  yes [ ]  (name, address, tel.):
	2. Did this authority issue a written report of the event? no [ ]  yes [ ]
	3. Were criminal proceedings initiated in relation to the event? no [ ]  yes [ ]
* Against the following person(s):
* With the following authority:
1. **Responsibility and liability insurance**
	1. In connection with this event, are you asserting any claims for damages against a specific person?
	no [ ]  yes [ ]  (name, address, tel.):
	2. Does the person indicated above have liability insurance? no [ ]  yes [ ]
	(name, address, tel. no. of liability insurer):

Policy no./claim no.:

* 1. Following the event, did you initiate legal action for damages?
	no [ ]  yes [ ]  With the following authorities:
	2. When the event occurred:
* did the victim have mandatory accident insurance? no [ ]  yes [ ]

Name of accident insurer:

* was the victim insured under a pension fund? no [ ]  yes [ ]
Name of occupational benefit institution (if known):
1. **Legal representation**

Have you appointed a lawyer, legal protection insurer or other body to defend your interests? no [ ]  yes [ ]  (name, address, tel. no., e-mail):

1. **Comments:**

The undersigned confirms that he/she has answered all questions truthfully and in full.

Place and date:       Signature:

**Annexes** (please append the available documents such as legal rulings, police reports, accident reports, photos, etc., and list them here):