Swiss Salary Learn

KLE

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Legal Notice
SwissSalary AG (SwissSalary Ltd.)
Bernstrasse 28
CH-3322 Urtenen-Schönbühl
Schweiz

Phone: +41 (0)31 950 07 77
support@swisssalary.ch
swisssalary.ch

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1 KLE – Customer-integrated Service Process from Claim to Provision

1.1 Introduction to and brief description of the reporting process

Dear SwissSalary customer
Dear SwissSalary partner

We are pleased to present the manual for the customer-integrated service process from claim to payment, hereinafter referred to as KLE. This contains information on setting up SwissSalary and processing claims from the initial notification to the processing of daily accident benefits.

Incident reports can be recorded quickly and easily and sent to the insurer, even if, for example, the circumstances and exact date of the accident are not yet known. The incident reports are filled in with the data of the affected employee already recorded in SwissSalary. Missing information is then completed largely automatically. After receiving the electronic report, the insurer checks whether and how the company is insured and automatically generates a claim number, which the company's system reports back in the shortest possible time. Furthermore, the company can call up the current status of the case at any time, transmit data on any incapacity to work, receive the corresponding daily allowance statements electronically, and process everything directly in the payroll software.

The list of insurance companies ready to receive can be found at https://www.swissdec.ch/receiver.

We hope you enjoy using the KLE. We highly appreciate your valuable suggestions for improvement and make sure they are implemented.

Your SwissSalary Team

1.2 Abbreviations and field descriptions

GENERAL FIELDS	
Stories and story parts	Stories are all the messages exchanged between the company and the insurer during an event. There are stories that are transmitted by the company to the insurer (e.g., payroll data) and those that are collected from the insurer (e.g., daily allowance statement) Parts are the stories that the insurer can dynamically request from the company over the course of a case (e.g., payroll data, accident descrip-tion, incapacity to perform duties, etc.)
CASE DETAILS (INFOBOX)	You can find here the last synchronization date, other information about the person who had an accident and the status of the case.
INSURANCE DETAILS (INFOBOX)	
Domain	Display of the various classes of insurance like UVG, UVGZ, KTG
Institution	Information about the accident insurer or other insurer

Company case ID	Case number in SwissSalary
Incident case ID	Tech. Swissdec number
Insurance case ID	This ID is also known by the insurer as claim number, event number, etc.
Declaration request ID	SwissSalary ELM number of each transmitted story. XML file can be viewed in wage reports under the main menu.
Response status	empty, accepted after incident report submission
Process status	empty => Check declaration => Submit claim
Case accepted	no - unclear - yes
Daily allowance amount	it is displayed here as soon as it is known
Comment	Information about the current or past loss event
No contract	Indicates whether the notification of claim regarding the event occurred without a contract. This means that a recurrence of an event is reported to a previous employer or there are several employers.
INSURANCE CONTACT (INFOBOX)	Insurer contact details for the case
MESSAGES (INFOBOX)	Insurer system messages, e.g., system error codes => If it is unclear whether intervention is necessary, please contact SwissSalary support

1.3 Authorizations

A user can only view and edit those KLE cases that correspond to the access authorizations stored for their user. Consequently, they cannot view the accidents of employees who are assigned to a payroll area to which a user does not have access.

2 One-time Setup

2.1 System Requirements

Full SwissSalary KLE features are only available with the 5060 release and with the SwissSalary Module Plus.

To create a KLE report, a corresponding company certificate must be stored in the KLE settings for add-ed security.
The company certificate refers to the company's UID number. This means that an individual certificate must be requested and stored for each company (client). Each company certificate has its own password so that only the valid company can securely communicate with it. More about the certificate and the certificate supplier can be found in Chapter One-time Setup, SUA Certificate.

2.2 KLE Setup Payroll Setup

SWS KLE Edit authorization role
The person responsible for payroll must have the SWS KLE Edit role. See 'Authorization roles' and 'Users'. The SWS-KLE Read authorization role can be used to restrict access so that a user can view KLE data but cannot enter or mutate it.

Activating the four KLE tiles
In order for the KLE tiles to be displayed and messages to be transmitted to the respective insurance company, the "Incident Declaration Method" must be set to "Electronic" in the benefit contract. The benefit contract must be recorded using the ELM profile.

UID-BFS-No.
The company identification number must be entered in the Payroll Setup in the General tab.

Create KLE number series
Open the Number Series using the search and enter a new number series. for ex. KLE000000
The KLE number series must be stored in the Payroll Setup via Swissdec Setup - KLE Setup.

KLE Swissdec Setup
SUA Setup section
Contact person: The company contact must be stored with an email address and a contact person (usually the payroll manager).
This person will receive the password, which will be sent by registered mail.
SUA contract domain: Enter the insurance domain through which you want to apply for the certificate.
SUA contract code: Enter the code of the contract with which you wish to apply for the certificate.

2.3 Required fields in the Employee card

Tab Statistics - Structure of salaires LSE
The three fields Employment contract, Education and Occupational status in the Statistics tab in the Employee card must be filled for the transmission of loss events. These fields are otherwise also required for the LSE (Swiss wage structure survey of the Federal Statistical Office).

With the Employment Contract story, these three pieces of information are transmitted in addition to the other information of the person's employment contract like the dates of recruitment and resignation for fixed-term contracts, monthly wages, 13th monthly wage information, part-time employment level, role, etc.

Tab Communication - ZIP City
Foreign postal codes must not be entered with a letter. D-12345 will lead to an error in claim notice submission.

Tab Job - Role - Date of resignation for temporary employment
The information about the person's contract also includes role assignment. It is specified in the Accident card.
In the case of a temporary employment, the date of resignation can already be recorded. If it has not yet been entered in the Personnel card at the time of claim notice submission, the insurer will make an inquiry in the case of a claim with daily benefits.

Tab Salary - Monthly parts
Monthly parts are required for reports on employee's working hours lost to control the maximum monthly hours (number of weekly hours*52 weeks in a year/12)

2.4 Salary type management/Salary type assignment

In order to calculate the insured earnings, the fields "Demage Detail" and "Claim: Insured Earnings" in the Absences section must be filled out for the salary types subject to UVG/KTG that are to be transmitted.
Please note: Not every salary type subject to UVG or KTG needs to be set up for KLE.

Insured earnings are determined in accordance with statutory provisions and contractual terms. If there is any uncertainty when setting up the salary types, this should be clarified with the insurer. In order for SwissSalary to calculate the values for the "Annual Wage" story and thereby provide the insurer with the basis for calculating insured earnings, the salary types must be set up as described above. The data provided by the policyholder is used by the insurer to calculate the daily benefit rate.

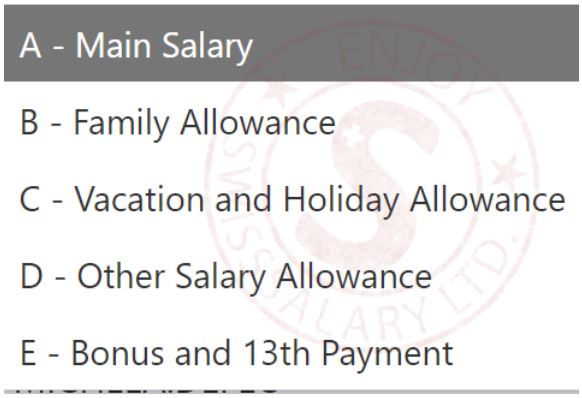
By applying a filter to the salary types subject to UVG/KTG, you can quickly display all salary types that need to be set up accordingly. Do not set up wage types with a negative calculation type, such as "Daily Benefit Correction," for KLE. They cause errors when the insurer imports the XML file.
Note: According to Art. 22 UVV I, family allowances are also part of the insured earnings.

The sums of wage types are combined in different wage bases due to their character.
=> open salary types, use Personalize to insert fields Accident details, Accident insured earnings and KLE salary type of working hours lost due to accident.
The salary types can be quickly filled in via Manage - Edit list.

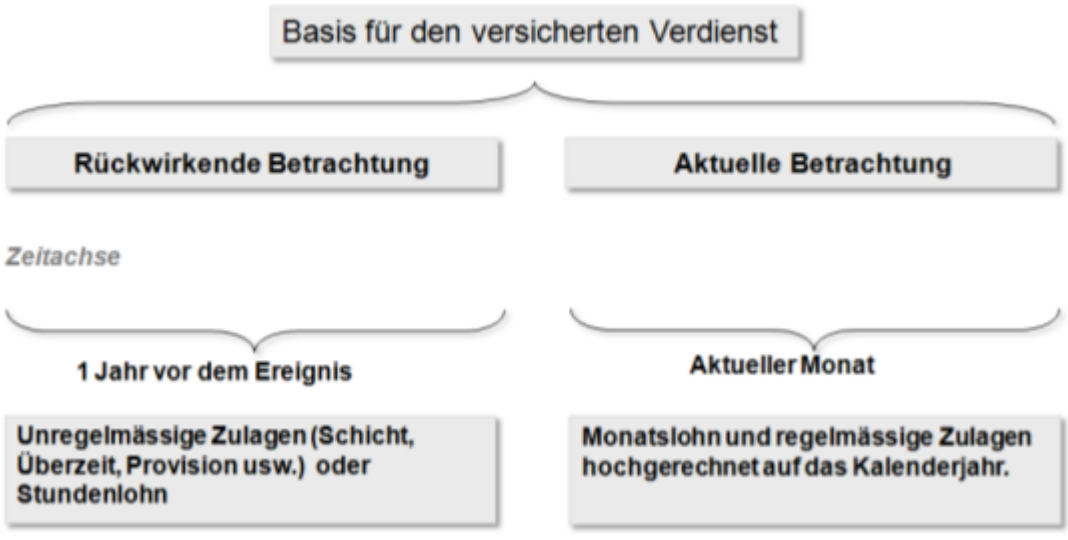
Examples of some wage types; this list is not exhaustive.

LOHNARTNR. ↑	BESCHREIBUNG	TYP	KALKUL...	SCHADENFALL DETAIL	SCHADENFALL VERSICHERTER VERDIENST
1000	Monatslohn	Zulage	positiv	A - Grundlohn	voraussichtlich
1065	Ueberzeit	Zulage	positiv	D - Andere Lohnzulagen	rückwirkend
1160	Ferienvergütung	Zulage	positiv	C - Ferien- und Feiertag...	rückwirkend
1200	13. Monatslohn	Zulage	positiv	E - Grati und 13. Monat...	voraussichtlich
3000	Kinderzulage	Zulage	positiv	B - Familienzulagen	voraussichtlich

Demage Detail
Possible selection fields in the Accident details field:



Damage insured salary
There are two different ways of considering wage types: expected (also called current) and retrospective.



An example with current consideration of salary types (expected, regularly recurring wage components)
The current assessment is based on the portion of income that a person earns immediately prior to the event. It applies to all individuals who receive a monthly salary. This means SwissSalary takes into account

the salary data (pay types with current assessment) for the month of the event. Depending on the information stored in the absence entitlement,
the applicable pay types are multiplied by 12 or 13 and totaled.

An example with retrospective consideration of wage types (irregular wage components)
SwissSalary calculates 12 months backward from the month prior to the date of the event. If the period is shorter (employment < 12 months), SwissSalary adjusts the calculation to 365 days.

KLE salarye type of working hours lost due to accident
Working hours lost are individual absences of a person at least partially able to work related to the insured event (e.g., doctor appointment, physiotherapy). Working hours lost can be reported in Hours with an additional wage type, e.g. Paid absence or Paid brief absence. The box below must be checked for this wage type:

Exact information about reporting working hours lost => Special cases - Working hours lost

2.5 Special case of 13th/14th Payday Salary type

For payroll processing of hourly and monthly wages, SwissSalary uses the same wage type to calculate the 13th Payday. The wage type would have to be set up as retrospective for hourly wages and as expected for monthly wages. For the insured earnings to be calculated correctly, the salary type MUST be set to EXPECTED. A retrospective calculation is automatically done when a claim is submitted for an hourly-paid employee. The salary type for the 14th Payday pay is treated in the same way and is also expected to need to be set up.

2.6 Delete and extend SUA certificate

In the Payroll Setup - Domain setup - Swissdec Setup - General, a separate certificate must be stored for all clients.

When ordering the certificate, the information in the company data is included. Therefore, the information on the ELM insurance profile must match the company data; if there are discrepancies, this information must not simply be overwritten. You must contact the insurance company; you may also need to contact the BFS so that the data in the UID Register
can be corrected.

If all the information is stored correctly, the following must be set up in the Swissdec setup menu:
1. To ensure that the correct URLs for the distributor and the distributor renewal are entered in the KLE and SUA sections, run the "Restore Default" function.
2. In SUA, click the "Order SUA Certificate" button. If the order was successfully processed, the user will receive the following confirmation: The new certificate does not yet have a password associated with it. This will be sent to you by mail.
3. Swissdec will then send the password letter via A+ Mail. Swissdec sends out password letters every Day 11
4. Once the password letter has been received, the password can be entered in the certificate list. To do this, open the certificate list in the Swissdec setup under "General" and enter the password for the corresponding certificate
5. Finally, the entered password must be sent back to Swissdec; to do this, step 2 must be repeated

Only now has the secure connection to the insurer been established.

The following description of the ordering process is very technical and is provided for informational purposes only. It explains what happens behind the scenes during the ordering process.

With the Get UID certificate (SUA) feature, the client to be set up sends a certificate template to Swissdec with our PrivateKey. Swissdec accepts it and records your PrivateKey. The unsigned certificate is then sent back and saved in the certificate table. A password is emailed at the same time. As soon as the password is entered, the certificate template can be signed with Swissdec.
The password must be entered with a hyphen and resent using the Get UID certificate feature. The certificate is sent back to Swissdec, with the password. Only now does the signed certificate template return. A correct UID PKCS12 certificate is created from it. Only from this point on can the certificate be used for communication with ELM V5.0, KLE and SUA.

The SUA certificate is valid for one year. SwissSalary notifies early enough about its expiration and that it must be renewed. If a new case is reported during this time, it is automatically extended by one year. If a SWS KLE management task queue is set up, it prevents the certificate from expiring.

IMPORTANT: If the passwords are set up in multiple clients, the password must always be stored in the relevant client via the Swissdec settings.

Renewal can be carried out a maximum of twice. A new certificate must be applied for after three years at the latest.
The details of a deputy can be stored in the system as additional information. As a rule, this is a fiduciary office. The delegate (representative) is a third party appointed by the company (e.g. trustee, broker, etc.) who transmits the event report on behalf of the company using a Swissdec-certified ERP system and, depending on the order and agreement with the company, acts as the contact for all matters relating to the event.

2.6.1 Reapply for SUA certificate after expiry

The SUA certificate can be renewed a maximum of two times, after which a new certificate must be applied for.

1. Open Swissdec Setup
2. Change the status of the SUA certificate from Live to Test and back to Live. Confirm the message "A SUA certificate for Live already exists" with Yes. This process will delete the existing SUA certificate.
3. In the SUA tab, click on "Get UID certificate (SUA)". If the process was successful, the following message will appear: "The new certificate SUALIVE000x does not yet have a password. This will be sent to you by post.
4. After receiving the password letter, enter the password in the certificate list to retrieve it.
5. Click on "Get UID certificate (SUA)" again. The successful process is confirmed and a check mark is placed in the Certificate column of the certificate list.

2.7 Task queue setup

A task queue can be set up in the Payroll Setup - Swissdec - Setup - KLE Setup => Auto-Sync should be activated. CodeUnit 3049410 SwS KLE Management

Only in the case of cases that have already been reported, those cases that contain a new story (for example, per diems) are displayed in the open cases after synchronization has taken place. This facilitates the overview of the open cases that still need to be processed.

We recommend setting the start time to 4:00 a.m. and the number of minutes between synchronizations to 24 hours. Synchronization takes place one time daily during the week. Important, only those cases are synchronized where the insurer wants to deliver daily allowances or other stories. For this purpose, a column 'Synchronize with next auto-sync' can be displayed in the case overview.

2.8 KLE claim recording via SwissSalary Direct Self-Service Portal

SwissSalary Direct und Schadenmeldung KLE
Settings in SwissSalary Direct Admin Dashboard

The setup of KLE in SwissSalary Direct is done in three steps:

1. **Requirements and settings for KLE claim reports via SwissSalary Direct**
   KLE features in SwissSalary Direct are only available with version 5059.000. After SwissSalary update is complete, KLE-Synch must be activated in SwissSalary Direct settings. A synchronization with SwissSalary Direct is required afterwards so that other settings can be adjusted in the Admin Dashboard SwissSalary Direct.
2. **Settings for KLE claim recording in the Dashboard of SwissSalary Direct (Self Service-Portal)**
   Another mandatory requirement is multi-factor authentication set up for SwissSalary Direct. It is only available in the Advanced version. Select the EDIT function in the Admin Dashboard, check the KLE box and the 'Force two-factor' option and save the changes. Only now the KLE functions can be viewed by employees..
3. **Synchronization without "Last synchronized on" date**
   After all setups have been made in the SwissSalary and SwissSalary Direct admin dashboard, the "Last synchronized on" date must be removed in the SwissSalary Direct setup in SwissSalary and the "Synchronize" function must be performed under Process. Only now the KLE functions are visible for all employees.

3 Overview of all KLE cases stories

For more details, see Chapter 5 Reporting a new event - KLE case stories in detail and Other story parts in detail.

Company's stories for the insurer

Notification	Registration is the initial notification from the company to the insurer. This initiates the process between the company and the insurer. The notification also includes the private email address and private telephone number/mobile number of the person concerned, provided that these are stored on the Employee card.
Incapacity to perform duties	The entire course of the incapacity for work is always transmitted here. Depending on the circumstances, a change may be a correction (e.g., the degree of incapacity for work is changed for a period that has already been reported) or an addition (e.g., the period of incapacity for work is extended). The story can only be transmitted if the entries are complete. There must be no gap between the date of the accident and the start of the incapacity for work or within the incapacity for work. Periods in which the person concerned worked at the agreed level of employment must be recorded with an incapacity for work of 0%.
Return to work	This part is only required directly by the insurer and cannot be initiated by the company. The return to work is filled in by the company in the Incapacity to perform duties story.
Medical treatment	Registration of the first doctor/hospital attended; other contacts can be recorded for follow-up treatments.
Other insurers	Information about other insurances with a different or additional entitlement to benefits at the time of the event is determined in this part.
Payment details	The company's or the insured person's payment details are transferred in this part. The insurer usually transfers daily benefits to the company's payment address known to it. Therefore, this story can only be used on request or when payment details have changed. For person's payment details: Notification of payment details including the date when the insur-er's daily allowance should no longer be paid to the company, but should be paid to the person.
Working hours lost	Absences are individual working hours lost by a person at least partially able to work related to the insured event (e.g., doctor appointment, physiotherapy).
Accident description	Notification of accident (type, course and injury).

Dialog	The Dialog feature is used to exchange simple messages (similar to SMS or e-mail) between the insurer and the company. This story triggered by the company is one-sided and does not require any replies.
Attachments	File transfer, e.g., work incapacity certificates, etc. Available formats: *.pdf, *.png, *.jpeg, *.jpg, *.tif, *.bmp
Other story parts	
Employment contract	Additional information on the person's employment contract is submitted in this part. The contents of fields Employment contract, Education and Occupational status that are required for the WSS (Swiss wage structure survey of the Federal Statistical Office) come from the Statistics tab.
Salary data	If there is an incapacity to perform duties, wage data is requested and must be submitted along. Daily allowance calculation is based on the correspondingly set up and supplied wage types or their posting. See also Chapter One-time setup - Salary types
Short-time work	Notification in the event of short-time work.
Special code	Individual codes can be reported or requested in this part for a wide variety of purposes as agreed between the insurer and the company. For example, evaluation related to the company's internal cost centers.
Other employers	The company will only send this story to accident insurer if the insured person was employed by one or more other employers at the time of the event.
Salary raise	This story can be used to report salary raises in the course of an event. In many cases, a salary raise during incapacity to perform duties does not lead to an adjustment of daily allowance amount due to legal or contractual provisions. In case of doubt, the insurer can be asked via a dialog whether the report is necessary at all prior to reporting a "Salary raise". Only changed salary components that are set as "expected" in the "Insured earnings in the event of a claim" field are transmitted.
Changed personal data	This story can be used to report, e.g., address change, marital status, in the course of an event.
Family member	This story can be used to report to the accident insurer that the person is a special case with regard to the category of the insured.
Voluntary entrepreneur insurance	This story can be used to report to the accident insurer that the person is a special case with regard to the category of the insured.
Agreement	This story can be used to report to the accident insurer that the person is a special case with regard to the category of the insured.

Process change	Process change can be used to close or cancel an event reported by the company. A case may NEVER be closed or canceled during the course of a claim if the insurer is not informed.

Insurer's stories for the company

Daily allowance	This is the detailed daily allowance statement.
Daily allowance amount	This story is used to report daily allowance amount in the course of an event.
Dialog	This story mostly requires a response.
Repayment	Daily allowance corrections that require a refund to the insurance company.

Buttons that are not active or not displayed at all
Depending on which type of message is recorded, the necessary buttons are shown and/or hidden. In addition, the dialog button, for example, is also greyed out if the insurance company is not able to receive a dialog.

3.1 Case Management

On the KLE Case card, the "Mark as closed" button can be activated and the case moved to the "Closed" tile, even if the
"Closed" tile, even if the 'Communication ended' status has not yet been sent by the insurance company.
insurance company has not yet been sent.
The KLE case will continue to be synchronized with the autosync until the status "Communication ended" has been sent by the insurance company. From this point on, the button can no longer be edited by the user.
no longer editable by the user.

4 Reporting a new event

4.1 Progress: Process status - Case accepted - Comments

During the entire business process – from the notification about the event up to the end of communication – the insurer provides the company with various status reports showing the insurer's current status. The company can understand this way the process sequence for each event.

Response status
The response status is either accepted or rejected.

Process status
- Notification received: the report is registered. If the event was not correctly registered, no status can be retrieved and the report must be sent again.
- Check declaration: The insurer must complete the documents and get information from the company to clarify any open questions. The "Check declaration" status remains active until the documents have been completed.
- Verify entitlement: All documents received; the insurer is now reviewing the claim. However, if, for example, a clarification with the insurer's medical officer is required, the "Verify entitlement" status remains active until the insurer can decide on the entitlement to benefits.
- Execute claim: If the insurer affirms the obligation to provide benefits, the "Execute claim" status remains until the communication is closed. If the event is reactivated by the company or if there is an objection, if new findings emerge that cause the insurer to re-examine the obligation to provide benefits after the closure, the status can be set to "Clarification", "Verify entitlement" or right to "Entitled to benefits".
- Communication closed: The benefits covered have been provided to the company in full and the public process has been closed.
- Reactivate: Basically, each participant can reopen communication by sending a story, provided that there is still a contractual relationship. The event remains accessible for at least 24 months after the last closure of communication. Depending on the situation and according to the story, the insurer will set a new status.

Case accepted
The company is informed about event acceptance by the insurer by means of the acceptance status. It usually says Unknown at the beginning of the process; it can later change to Yes or No in the course of the process.

Comments
In addition to the Process and Acceptance status, the insurer can also provide a comment. Comments is a free text field. The insurer informs in this text field, for example, that the case cannot yet be accepted because important documents are still missing.

4.2 Reporting a new event

Registration (reporting) allows the company to report an event to the insurer using only a minimal set of data, even if the event date is not yet available. This enables the company to report the event promptly and receive the claim number (insurance case ID) from the insurer.

Procedure

Select the relevant employee from the employee list and open a new case via HR - KLE Case Management.

Select "**New Accident / New Illness**" from the top menu and fill in the data in the "**General**" menu.

If an incorrect incident date was reported by mistake, it cannot be corrected retroactively. In this case, discuss the procedure for rectification with the insurer.

Field Descriptions General

Work hours	Irregular - regular This is also explained in menu **One-time setup - Salary type man-agement / Salary type assignment**	An hourly wage earner is usually set to irregular. However, if s/he has individually agreed weekly working hours, 'regular' must be selected so that the contractually agreed wage, and not the actual wage bill for the last 12 months, is reported. Monthly wage earners are set to regular.
No incapacity to work	**Not** activated by default = Accident with incapacity to work	Must be set to inactive if it is a minor accident without incapacity to work.
Test case	Cases marked as test cases can also be deleted after transmission.	Can be used for training and testing purposes. No claim is opened for an insurer.
Sync with Direct	Case is synchronized with SwissSalary Direct.	SwissSalary Direct Self-service Portal must be set up

Field description specific to illness

General	Explanation - Action	Information
Type	Select the appropriate type	If maternity coverage is included in the KTG policy, the birth of the child and the mother's absence from work can be reported using the maternity notification form.
Start	Onset date of the illness	The start date of the illness cannot be changed retroactively.

Field description specifically for accidents

General	Explanation - Action	Information
Incident Date Type	Under review – approximately – exactly; select the appropriate situation	Depending on whether the date of the incident is known at the time of reporting, if the status is "under investigation," it is not possible to create a story, provide an accident description, or report a work disability.
Incident Date	Enter the date of the accident, or leave it blank if it is not yet known	If the incident type is "exact" or "approximate," a date is required.
Type of Accident	Select the appropriate type	Accident work, Accident at Leisure, Occupationa Disease, Case of Death at work, Case of Death at Leisure, Relapse at work, Relapse at Leisure
No incapacity to work	**Not** enabled by default = Claim involving inability to work	Must be set to "inactive" if the accident is minor and does not result in an inability to work
Relapse Date	a new, later date following the initial incident date	Required only when a relapse is reported
Recurrence Case with the Same Employer	Select the appropriate case	List of all cases reported by the employee
Relapse After Changing Employers	In the event of a relapse, the insurance provider that was already responsible for covering the initial case must cover the costs.	In the event of a relapse, the insurance provider that was already responsible for covering the initial case must cover the costs.

If SwissSalary Direct is used, the checkbox "KLE Sync Enabled" can be selected in the SwissSalary Direct setup within SwissSalary. To use this feature effectively, the KLE option must be enabled for employees on the SwissSalary Direct side. This allows employees to record accidents or illnesses on their SwissSalary Direct dashboard. These are then synchronized to SwissSalary and can be transmitted from there to the insurer. As soon as the claim number is available in SwissSalary, it is synchronized to SwissSalary Direct during the next synchronization. If the claim is initially recorded in SwissSalary, the "Synchronize with Direct" checkbox can be selected directly on the KLE case. This allows the case to be sent to the employee's

SwissSalary Direct portal before it is transmitted to the insurance company, so that the employee can make corrections and/or additions.

Synchronization of a case without an exact incident date is only possible once. The next synchronization attempt will result in the error message: "Incident date type must not be 'under investigation/uncertain' in KLE Case." This ensures that the exact date of the incident is actually sent along with the accident description.

After the initial report, the insurer may request other parts. They are marked in red and have a deadline. These parts are stories that the insurer dynamically requests from the company over the course of the case. Missing information must be filled in via different stories and re-submitted.

While parts have not yet been transmitted, they can be deleted via 'Manage' in case stories. If an incorrect incident date or wrong incapacity to perform duties has already been reported, stories may no longer be deleted.

=> For more information on stories, see chapter *Overview of all KLE cases stories* and *KLE case stories in detai*

4.3 Event notification without incapacity for work

For a report without incapacity for work, the slider 'no incapacity for work' must be activated in GENERAL. No wage data is requested.
*After transmission, the insurer nevertheless requests the story 'incapacity for work'. This can simply be overwritten with 0% and transmitted again.

*With the message alone, it is not yet apparent to the insurer whether a work incapacity exists or not. Even if the slider 'no work incapacity' was activated.

4.4 Claim reporting via SwissSalary Direct Self-service Portal

With version 5059.000, a new event can be reported by the person involved in the accident via SwissSalary Direct Self-Service Portal. For more information about system requirements and settings, see Chapter 'One-time setup' – KLE claims recording via SwissSalary Direct Self-service Portal.
A case recorded via SwissSalary Direct Self-Service Portal is automatically displayed in the KLE cases overview under NEW. The case can now be edited, supplemented and then submitted to the insurer. If a synchronization is then carried out with SwissSalary Direct, the claim number is displayed for the employee who had an accident in the Self-service Portal (see the Insurance Claim column). This number can be provided to the medical contact and used to obtain medicines from a pharmacy.

If a reported case is modified or supplemented in SwissSalary Direct Self-service Portal by the employee who had an accident, the changes are only displayed in the case after synchronization with SwissSalary Direct. There they may have to be checked again or supplemented before they can be submitted to the insurer. Important: Such incoming mutations or new stories are NEVER sent automatically to the insurer (not even if Auto Synch is activated, only the cases already reported are automatically synchronized => see Task queue setup).

4.5 KLE case stories in detail

Other KLE case stories must be filled in after the initial report if it has not already been done.

Stories marked with * are provided with more details according to the table.

Story - Name	Use for accident	Use for KTG
Incapacity to perform duties	Only required in the event of incapacity to perform duties. Up to date can be left open. Record later incapacity to perform duties that changed and submit again. Incapacity for work must always be recorded without gaps. Periods with complete ability to work must be recorded with 0% incapacity for work be recorded. Return to work is recorded here.	Only required when registering birth benefits with indication of the birthdate.
***Return to work**	This part is only required directly by the insurer and cannot be filled. The return to work is filled in the Incapacity to perform duties story.	
***Medical treatment**	The first doctor or hospital attended (initial contact) and other contacts. (Follow-up treatments) If no visit to the doctor has taken place: Check the box "initial contact" and enter "no doctor's visit taken place". As address enter the company address	The first doctor or hospital attended (initial contact) and other contacts. (Follow-up treatments)
***Other insurers**	Information about other insurances with a different or additional entitlement to benefits at the time of the event.	Information about other insurances with a different or additional entitlement to benefits at the time of the event.
Payment details	Usually known already and does not need to be provided. Only when an employee resigns or when the company has new bank details.	Usually known already and does not need to be provided. Only when an employee resigns or when the company has new bank details.

***Working hours lost**	Only report if the company expects compensation and the insurer provides for it.	Only report if the company expects compensation and the insurer provides for it.
***Accident description**	Mandatory requirement that can only be filled in with an exact or an approximate accident date.	none
***Dialog**	Used to exchange simple messages (similar to SMS or e-mail), tasks between the insurer and the company.	Used to exchange simple messages (similar to SMS or e-mail), tasks between the insurer and the company.
Attachments	PDF file transfer is possible. E.g., work incapacity certificates, etc. .	PDF file transfer is possible. E.g., work incapacity certificates, etc.

Return to work

If necessary, this part is only required directly by the insurer and cannot be filled. The Return to work can be filled in by the company in the Incapacity to perform duties story only.

If the 'Return to work' story is required by the insurer, the Return to work field features the options below:

- **Started work**
  Record the date activities were effectively resumed in full.
- **Expected reinstatement**
  Expected last day of incapacity to perform duties if an approximate date is already known. Otherwise use Estimated reinstatement.
- **Estimated reinstatement**
  If activities have not yet been fully resumed and no reinstatement date is known, the expected duration of the entire incapacity to perform duties should be stated (estimate). => *Expected duration of incapacity to perform duties* selection unknown, up to 30 days, more than 30 days.

Medical treatment

If the first doctor or hospital attended was initially reported incorrectly, another doctor/hospital can be reported as the initial contact during subsequent reporting. The initial contact is marked correspondingly with a cross when the box is checked. Other contacts can be recorded. However, there is only one initial contact.

Other insurers

Information about other insurances with a different or additional entitlement to benefits at the time of the event is required in this part.

- SUVA
- Other obligatory accident insurer
- Daily sickness benefit insurer
- Disability insurance
- AHV

- Occupational pension fund
- ALV
- Maternity insurance
- Other

Working hours lost
Absences can be reported or... requested in this part. Absences are individual working hours lost by a person at least partially able to work related to the insured event (e.g., doctor appointment, physiotherapy). => also see Special cases - Working hours lost

Accident description
Event date and description
In the event of an occupational accident, the subject matter concerned can be added to a free text field.

In the event of a non-occupational accident, the last working day before the accident must also be reported and the activity during which the accident occurred must be stated.
In the event of an occupational disease, the time of the accident does not have to be recorded.
In the event of death, the date of death must be stated and whether it was an occupational accident or a non-occupational accident. In the event of a non-occupational accident, the last working day before the accident must also be reported.
In the event of a recurrence, the insurance case ID (claim number) of the insurer covering the event that the relapse is based on must be specified (base case). In addition, the recurrence date must be provided.

Affected body parts
If left, right or both sides of the body are selected, the affected body parts must be selected under *Assigned body part* and the type of accident must be determined.
If ***Unassigned body area*** applies, it should be selected from the ***Unassigned body part*** list. E.g., heart.
Further information can be provided in the ***Other type of injury*** field.
=> see also Special cases - Reporting accidents with unassigned body parts

Dialog
The dialog is used by companies or insurers for notification and appropriate response. It is used to send simple messages (similar to SMS or email), tasks, up to simple standardized form templates (e.g., job description).

Delete stories
Stories that have not yet been submitted can be deleted.
If the KLE case has the status "created", the associated stories are also deleted when the declaration is deleted in the UVG and/or UVGZ area.

4.6 Other story parts in detail

Other components like job information (employment contract), wage components (wage data), other employers, etc. can be selected via Stories - Other story parts.

Tab GENERAL	Use for accident	Use for KTG

Employment contract	Additional information on the person's employment contract is submitted in this part. The contents of fields Employment contract, Education and Occupational status that are required for the WSS (Swiss wage structure survey of the Federal Statistical Office) come from the Statistics tab.	Inquire if the insurer requires this information..
Salary data*	Annual wage data (based on insured earnings) is recorded in this part. If there is incapacity to perform duties, wage data is filled in.	Annual wage data (based on insured earnings) is recorded in this part. If there is incapacity to perform duties, wage data is filled in.
Short-time work	This story can be used to report to the insurer that the person is on short-time work.	
Special code	Individual codes can be reported or requested in this part for a wide variety of purposes as agreed between the insurer and the company. For example, evaluation related to the company's internal cost centers.	Individual codes can be reported or requested in this part for a wide variety of purposes as agreed between the insurer and the company. For example, evaluation related to the company's internal cost centers.
Other employer	The company should only send this story to accident insurer if the insured person was employed by one or more other employers at the time of the event.	The company should only send this story to accident insurer if the insured person was employed by one or more other employers at the time of the event.
Salary raise	A salary raise is taken into account in the UVG if the requirements of art. 23.7 UVV (Accident Insurance Regulation) are met: If the therapy has lasted for at least three months and the insured person's wages were increased by at least 10 percent during this time, relevant wages will be redetermined for the future.	
Changed personal data	If data on the Personnel card is changed, a report may have to be sent to the insurer. It is currently impossible to send reports from the Time Machine.	If data on the Personnel card is changed, a report may have to be sent to the insurer.

*If the Boolean 'Stable hourly wage' is activated in the Payroll Setup, the annual wage for regular hourly wage earners is calculated and transmitted using the formula: weekly hours * hourly rate * 52 weeks. If there is an entitlement to a 13th Payday, this is calculated on the basis of the annual salary.
In the case of irregular hourly wage earners, the annual salary is transmitted on the basis of the last 12 settled months or converted to 12 months if there are not yet 12 settled salary runs.

In both cases, the last payroll months processed before the event month are decisive.

Other special cases

Tab SPECIAL CASES	Normally, this story does not have to be reported by the company. A report is only necessary if the "Special case" situation applies and if it is an accident.
Family member	The story provides information about special cases in the area of the category of the insured.
Voluntary corporate insurance	The story provides information about special cases in the area of the category of the insured.
Interim accident insurance	The story provides information about special cases in the area of the category of the insured.
PROCESS CHANGE tab	If the event is settled from the company's point of view, Company incident information can be closed or canceled via Process change. A case may NEVER be closed or canceled during the course of a claim if the insurer is not informed.

4.7 KLE Documents

Sending to Direct
All documents can be sent to SwissSalary Direct and saved directly in the personnel file. To ensure correct assignment within the file, the corresponding report ID must be entered in the document management settings.

Accident and Illness Claim Form
The claim form can be printed from the overview of reported cases by selecting "Open Insurance Claims." The pharmacy receipt for purchasing medication is no longer required. Simply provide the claim number, which can be found in the upper right corner of the claim form.
If desired, payroll information can be suppressed on the claim form; to do so, deactivate the Boolean.

If multiple injuries are recorded in an accident report, only the primary injury that is, the injury listed first will be printed on the claim form.

Accident Report and Health Card
Both the accident report and the health card can be created and printed in the KLE Case. However, both documents can also be sent to SwissSalary Direct.

4.8 Claims notification UVG, Sickness & accident card sent via SWS Direct with filing in the dossier

When preparing the UVG claim notification or the sickness and accident card for printing, it is possible to send the documents to the employee via SwissSalary Direct. The prerequisite is the existing use of SwissSalary Direct.

For correct filing in the dossier, the report ID of the corresponding reports must be entered in the document structure of the dossiers. => Document management setup: **3049413** for the UVG claim notification and **3049410** for the sickness and accident card.

5 Adding to, changing reported events

5.1 Adding to, changing story

Events that have already been recorded are listed in KLE case list and displayed using a filtered view. Case No, name and personnel number, type of accident, incident date and report status.
Created, reported or closed cases are displayed in Status depending on filter settings.

Personalize is used to show other columns and apply extended search features with filters. => see also chapter 'Search - Filters - Personalize'

After the initial report, the insurer may request other parts that must be completed and submitted within a fixed period. They are marked red. For example: Accident description, Medical treatment, Employment contract, etc.

Then the confirmation message Case synchronized appears and Status changes to confirmed.

While parts have not yet been transmitted, they can be deleted via 'Manage' in case stories. If an incorrect incident date or wrong incapacity to perform duties has already been reported, stories may no longer be deleted.
Chapter Special cases - no incapacity to perform duties despite initial report - describes the procedure used to correct incapacity report.

An incorrectly reported incident date can be corrected by simply overwriting it with the exact incident date. Then the story has to be resubmitted.

5.2 Transmission logic

If a KLE case is open that contains stories that must be submitted, the following message is displayed: "There are unreported stories".

If a KLE case is open in which no stories need to be transmitted, but there are other KLE cases that need to be transmitted, the following message is displayed: "The insurer reports that other KLE cases should be synchronized".

So that the receiving insurance company can communicate with the accident victim via the current residential address, the residential address currently stored on the personal card is always transmitted with KLE, even if the residential address was a different one at the time of the accident.
If the status of the KLE case remains "reported" because, for example, only the UVGO but not the UVGZ stories could be transmitted, the status is automatically set to "reported" before the next synchronization if all UVGZ stories have been deleted beforehand. A new independent KLE case can then be created to report the UVGZ case.

Synchronize open cases
Step 1: All cases with unsubmitted stories are synchronized
Step 2: Synchronization of all cases whose last synchronization date was more than a week ago.
ago.
Weekly synchronization

Every case that has not yet reached the "Communication completed" status is synchronized at least once a week.
synchronized at least once a week.

5.3 Medical treatment

To report a medical contact (service provider), you can search for a doctor or an organization (hospital) via the Medical treatment story. KLE is linked to refdata.ch specifications. If no contact is found or a foreign contact has to be recorded, the procedure below can be used:

If it is a domestic service provider, the relevant contact must first be found via Partner-refdatabase (GLN) - Refdata and the GLN number should ne quoted along with the address and telephone number. A new data record for a non-existent contact can be entered via the search feature using NEW. Service provider's name, postal code and location must be provided.Foreign service providers have no GLN numbers. In this case, enter as much additional information as possible like email address or phone number. GLN number indication for domestic service providers is not absolutely necessary, but it is helpful for insurers and reduces the number of requests in case of uncertainties.

5.4 Transferring daily allowance statement to the Report journal and printing it

After the report the insurer first sends a report with daily allowance rate, which is often provision-al. Then the message with the daily allowance is shown in red. If you click daily allowance story, the detailed daily allowance statement opens.
Daily allowances can be automatically transferred to a Report journal. => 'Transfer to Report journal'. Only then the story's red color changes.

When daily allowance is transferred to the Report journal, both wage type and the journal must be selected and whether the benefit is to be transferred in whole or on a daily basis.

Daily allowance statement can be created and printed out with all personal details or anonymized for accounting purposes.
=> via Print daily allowance statement

The creation of a daily allowance statement in French, Italian or English can be influenced by changing the system language in the 'My settings' menu or by selecting the language directly in the print menu - Advanced.

Daily allowances with hospital deduction
The deductions for hospital services can also be reported with an individual wage type for 'Daily allowance wage type (reduction)' when transferred to a report journal. A wage type intended for this purpose (salary types Expense type, Positive calculation type) must be positive for the calculation type, since the deductions flow as negative from the accounting and are therefore recorded as a deduction in the Report journal.
The journal import type must be set to 'daily (exact)'.

Details on the daily allowance statement
Print without personnel details: The invoice no., the previous date, the claim no., the KLE case no. claim no., the KLE case no. and the accident type are printed in the statement header.

Printing with personnel details: The personnel no., name and AHV no. are also printed.
To change the language on the daily allowance statement, the language must be changed in “My settings”.
must be changed.

5.5 Creating report (Accident card/Medical record) - Sending as attachment to the in-surer

Accident certificate or medical record can be created using **Report** and provided to the employee.
In the event of prolonged incapacity to perform duties, the doctor must regularly confirm employee’s incapacity to perform duties in this record. The changed card can then be sent to the insurance company as a story via **Navigate - Attachment**.

The document can either be selected from the Personnel file or another file location. It depends where the completed document was filed.

Important: Medical certificates and accident certificates will no longer need to be sent to SUVA when data is transmitted and claims are processed via KLE. By means of a written statement that SUVA addresses to the company after the first reported accident with incapacity to perform duties, the company under-takes to provide all medical certificates or keep accident certificates/accident cards and submit them on request.

5.6 Incapacity to work after minor notification

If an incapacity to work occurs in a case that has already been reported without incapacity to work, the slider 'no incapacity to work' must be deactivated in the GENERAL tab. This is followed by a note 'Transmit annual salary and employment contract'. To add the two story parts, either click on this note or select the employment contract and the annual salary via the selection 'Stories' - other story parts. Then click on the 'Annual salary' story and also activate the slider *'Send after notification without incapacity to work anyway'. This is the only way to send the annual wage information after a report without incapacity for work.

*As of version 5061.003, the wording 'Send anyway if no work is lost' will be changed to 'Send anyway after notification without incapacity for work'.

5.7 Incapacity to perform duties - Return to work

Incapacity to perform duties due to an event must always be reported in full. If in the meantime there is f**ull capacity to perform duties**, this period of time must be reported **as 0%**. Depending on the configuration, a re-submission (change) can be a correction (e.g., the incapacity degree is changed for a period of time that has already been reported) or an extension (e.g., the duration of the incapacity is extended).

If the insured person has reached full capacity to perform duties, a reinstatement date must be set. The day of the return to work and the full capacity to perform duties must be one day later than the date the incapacity to perform duties lasted to.

5.8 Sending work incapacity certificate

A work incapacity certificate can be sent to the insurer in an existing case. It is then automatically saved in the employee's file. A precondition is that the work incapacity certificate is saved somewhere as a PDF file. E.g., in Explorer

If the work incapacity certificate has already been saved in the file, it can also be accessed in the KLE Case via **Navigate - Attachment** and the document can be selected.
A new case story is automatically prepared upon exit from document selection. => Attachment. This way, work incapacity certificate can be sent to the insurer.
Do not forget to submit and transmit the duration of incapacity to the Incapacity to perform duties story to be worked on based on work incapacity certificate.

Important: Medical certificates will no longer need to be sent to SUVA when data is transmitted and claims are processed via KLE. By means of a written statement that SUVA addresses to the company after the first reported accident with incapacity to perform duties, the company undertakes to provide all medical certificates or keep accident certificates/accident cards and submit them on request.

5.9 Employer and insurer dialog

The dialog is used by companies or insurers for notification purposes. It is used to send simple messages (similar to SMS or email), tasks, up to simple standardized form templates (e.g., job description). It is created using the Dialog story.

There are two types of dialog stories. 'Story by company' and 'Story by insurance company' are initialized. The second story usually requires a response (if a deadline is set). However, the first story by the company is one-sided and does not require any replies from the insurer.

An example of a dialog initiated by the company:
The menu can be closed after the title (this information must be entered) and the text in 'Query/Cover note' have been entered. A new 'Dialog' line appears in the Overview of KLE cases stories that must now be submitted.

Story initiated by insurance company:
This message requires editing. Once the response has been recorded, the menu can be closed and the story transmitted.

If further dialog stories need to be entered, a new one can be entered either via an existing dialog. Click on =>new in the top left corner of the dialog, a new dialog window appears. Or on the KLE Case Story overview => Stories - Select dialog. An existing dialog story that has already been reported can no longer be changed or added to.

Dialog message in a closed case
A closed case now allows a dialog story to be transmitted. The case is thus reopened (change from status "closed" to "reported.

5.10 Closure of the event by the company/Process change

If the event is settled or was incorrectly reported from the company's point of view, Company incident information can be closed or canceled via Process change. In case cancellation, it is advisable to enter a comment.
Regardless of this, the insurer can stop or continue communication.

5.11 Reactivate case

In principle, any participant can reopen communication by sending a story, provided that a contractual relationship still exists. All participants guarantee access to the event for at least 24 months after the end of communication. Depending on the situation and the story, the insurer may set a new status.

6 Notification of relapse

6.1 Type of relapse

To record a relapse, first create a new event, then you have the option of choosing between relapse BU and relapse NBU.

To report a relapse for an occupational disease, also select relapse BU.

6.2 Recurrence with the same employer

If an employee suffers a relapse, the insurance company that was already the primary insurer for the original case must cover the costs. Select the type of accident: relapse BU or relapse NBU. If it is not known whether it is BU or NBU, select relapse BU.
If the original accident has already been reported via KLE, the original case can be selected in the Relapse Case field. If the original case has not yet been reported via KLE, the original claim number can be entered via Process - Edit Claim Number.

If this information is missing, the claim number can be requested from the SUVA claim number service. ***Suva claim number service***

6.3 Recurrence when the employer changed

If an employee suffers a relapse, the insurance company that was already the primary insurer for the original case must cover the costs.
An accident must be created with the accident type "relapse NBU" or "relapse BU." The original claim number, the third-party insurance number (see Recipient Swissdec) because the current employer either does not have a contract with the responsible insurance company or has a different contract number, the "without contract" feature must be set to "yes" in the insurance details.
This does not apply if the original case and the relapse are handled by SUVA.

7 Special cases

7.1 Return to work

In this part, information about the actual or expected full return to work is identified. It is ONLY required by the insurer and cannot be actively created by the company. For example, in the event of a longer incapacity to perform duties, the insurer can get an idea of the progress by re-questing this story.

=> No incapacity to perform duties is only selected if, contrary to the information provided during registration, there was no incapacity to perform duties at all.

If the company wants to notify about the reinstatement date, it should be done via the Incapacity to perform duties story. See also 'Adding to reported events - Incapacity to perform duties - Re-turn to work' The day of the return to work and the full capacity to perform duties must be one day later than the date the incapacity to perform duties lasted to.

7.2 Missing incident report - No contract

It is possible that a third party reports an event to the insurer (e.g., a hospital sends a request for cost reimbursement). However, the insurer has not yet received an incident report from the company. In this case, the insurer requests that the company registers the event. In response, the insurer expects the company to submit a proper claim notice of event if it is actually an event of this company's employee and the company has not yet reported this event to the insurer.

7.3 Multi-employer event

If an employee suffers an accident and has several employers, only one accident insurance company must rules, only one accident insurance company has to pay for all benefits.
This can lead to an accident having to be reported to an insurer in such a case, with which there is no contractual relationship.
In this case, the registration without a contract described under relapse with change of employer applies. applies. It is not necessary to enter an existing claim number.

7.4 Recording salary raise

In many cases, a salary raise during incapacity to perform duties does not lead to an adjustment of daily allowance amount due to legal or contractual provisions. In case of doubt, the insurer can be asked via a dialog prior to reporting a "Salary raise" whether a salary raise is even taken into account.
Please also note: A salary raise is taken into account in the UVG if the requirements of art. 23.7 UVV (Accident Insurance Regulation) are met: If the therapy has lasted for at least three months and the insured person's wages were increased by at least 10 percent during this time, relevant wages will be redetermined for the future.

After a change in the Personnel card in the Wage tab a reference to the employee's open KLE cases appears.

In KLE Case Management, the Salary raise story must now be activated in the open case via Other KLE parts. When you leave this page, the story will also appear in the overview of KLE case stories and must be submitted again.

7.5 Manual additional payments

Manual additional payments are only necessary in a few cases. Wage data or annual wage story and Employment contract story are sent along with the first claim case report with incapacity to perform duties.
Manual additional payments may be necessary in case of prolonged incapacity to perform duties. However, the need to recalculate daily allowances must be clarified directly with the insurer.

Possible examples of manual changes to wages:

- special allowances that are not paid out until the end of the year, e.g., commissions that were not yet known when the claim case occurred
- new allowances, e.g., local allowance that were not yet known when the claim case occurred
- Child allowances that were inactive at the time of the incident. If the Child allowances/Education benefits correction wage type was used before the claim case, only these pay-ments are taken into account in this case.

7.6 TimeMachine

Entries in TimeMachine that affect wages are taken into account.

7.7 Changed personal data

It is required that some personal data in the Personnel card relevant to the insurer that was changed should be reported to the insurer.
As soon as the change was entered, the following Function story can be initiated in the affected KLE case:

=> open the affected KLE case - Other KLE parts - activate the Changed personal data slider and submit the story.

7.8 Accident report with unassigned body area

Accident report with unassigned body area
With release 5062.00 there are five different options for the body side. Unclear is a new addition. With the selection unclear, the same as for right, left and both must be selected for the assigned body parts.
must be selected. With the selection unassigned, the assignment can only be made for unassigned body parts.

ONLY VALID FOR VERSION 5061.001
If Unclear is selected for BODY SIDE, an element must still be selected for 'Assigned body part'. (From version 5061.003, the wording NOT ASSIGNED will be changed to UNCLEAR)
If no body part corresponds to the selection for 'assigned body part', a selection must be made for 'unassigned body part', but this is only possible if no value is selected for BODY SIDE. An example of a body part that cannot be assigned is the heart or a shock condition.

If none of the terms offered are selected for the accident type, a free text must be entered under "Other injury type".

7.9 Employee's resignation

If an employee resigns, payment details must be reported with the story. Further daily allowance payments will no longer be made to the company but directly to the employee who resigned from the company.

For example, if the company reports a person's payment details on July 19, 2017 with the Valid from date of August 1, 2017, this means that the daily allowance for the duration of incapacity to perform duties is paid to the company up to and including July 31, 2017 and to the person starting from August 1, 2017.

A date of resignation is also recorded in the Personnel card. This change must also be submitted to the insurance company with the *Changed personal data* story.

7.10 Working hours lost

Working hours lost due to accident
Working hours lost are individual absences of a person at least partially able to work related to the insured event (e.g., doctor appointment, physiotherapy). Working hours lost can be reported in Hours with an additional wage type, e.g., Paid absence or Paid brief absence. The box below must be checked in the Absences tab for this wage type:
In contrast to incapacity to perform duties, there is no complete recording of working hours lost, because they only occur in individual cases or... infrequently. No corrections can be submitted. If the reported absences are incorrect, it can also be communicated via the Dialog story for clarification.

Once all working hours lost have been reported, the lost hours story must be selected in the current case, reports must be loaded using the *Fetch from SwissSalary* feature and then submitted.

7.11 Incapacity to work after minor notification

see chapter 'Adding to, changing reported events'

7.12 No incapacity to perform duties notwithstanding initial report

If an accident with incapacity to perform duties was reported during registration and it later turns out that it was a mistake, the case can be reported again after activating the No incapacity to perform duties slider. All data in the Incapacity to perform duties section will be deleted. => see message

7.13 Reduced wage base due to previous accident or illness

If a new incapacity to perform duties occurs as a result of an accident shortly after an event with daily allowance (e.g., after 6 weeks of full capacity to perform duties), persons with wages that are only considered retrospectively have the following challenge in submitting the correct wage base for calculating the new daily allowance:

1. If the person received 100% continued wage payment (monthly or hourly wages) during the previous event, there is no problem for the calculation of insured earnings for the new event.
2. If, on the other hand, the insurer's daily allowance is only transferred to the person every month as a result of a longer event, this benefit is not included in the insured earnings base. Missing wage components can be added manually if the insured earnings cannot be deter-mined from the master data.

7.14 Daily allowance refund

In the event that the insurer reclaims payment from the company for various reasons, the insurer sends the repayment request as well as a statement of benefits. The company has the possibility to process the payment with the information contained therein. This process is not yet automated. Manual information must be triggered to the accounting department.

Open repayment and with the function mark as paid the red mark disappears in the overview of KLE Case Stories. Nothing else is processed in the background!

7.15 Calculation of hourly wages with regular working hours

Hourly wage type is set up retrospectively in the 'Accident insured earnings' field in the Wage types card - Absences. In general, the following calculation applies: If the person was employed for the entire previous year, the annual total is determined for each insured wage type with retrospective consideration. Calculation time begins from the month preceding the claim case. For a shorter period (employment <12 months), SwissSalary will make a 365-day offset. Added values correspond to the insured earnings base of these wage types.

Calculation of insured earnings of an hourly wage earner with regular working hours or contractually agreed weekly working hours
When an event is reported, working hours must be set to regular for SwissSalary to correctly calculate the wage sum. SwissSalary overrides the 'retrospective consideration' information. So, it is not the posted wage bill that is transmitted, but what was contractually agreed. This requires precise recording of monthly parts for the employee concerned and the level of part-time employment (number of agreed weekly hours * 52 / 12) in the Personnel card under the Wages tab.

8 Search - Filter - Personalize

8.1 Personalize/Show columns/Infobox

Each page can be customized via Personalize and missing fields or columns can be added. The infobox can be shown or hidden at any time.

8.2 Search and filter features

The **Search** feature can only be used for number fields. E.g., the search for case numbers, per-sonnel numbers or incident date. Please note that the number format must be adhered to.

Filter provides additional search criteria. E.g., claim number (insurance case ID) is searched via the reported cases view => **Actions - Open insurance claims** - Delete filters, so that all cases are displayed. Then set a new filter, e.g., select Insurance case ID.

Using a 'Type of accident' filter, you can search for different types of accidents like Accident BU, Accident NBU, Recurrence BU, Recurrence NBU, Death BU, Death NBU and Occupational disease.

9 Other KLE parts under development

9.1 Further KLE developments

- corrected form for repayments of daily allowance benefits.
- Medical treatment: additional address line in the web service to Refdata , large hospitals often contain many entries that currently cannot be selected clearly.
- KLE - save accident certificate & daily allowance statement in the dossier
- Daily allowances not yet processed as additional filter criterion

10 Frequently asked questions

Is there no pharmacy certificate anymore?
No, the pharmacy certificate is a relic of the past that is no longer needed today. All pharmacies bill electronically. This means that it is sufficient for the pharmacy to know the insurer's event number (claim number).

Is it true that medical certificates or work incapacity certificates no longer need to be sent along?
Yes, Suva has decided that KLE customers who report an incapacity to perform duties are no longer required to have a medical certificate. They only need to create and send daily allowance calculations and daily allowance statements based on the reported incapacity to perform duties. Important: The company must be able to provide medical certificate upon Suva's request!

For this simplified process, SUVA requires an agreement signed by the company entitled 'Supplementary provisions for the waiver of the delivery of medical certificates'. This document is sent to the company after the first notification of incapacity to perform duties.