SwissSalary Learn

KLE

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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 Customers,
Dear SwissSalary Partners,

We are proud to present the manual for customer-integrated service process from claim to provision, hereinafter referred to as the KLE. It includes information about setup in SwissSalary and the processes ranging from initial reporting to processing daily allowance benefits for accidents.

Incident reports can be quickly and easily recorded and transmitted to the insurer, even if, for example, the course of events and the exact date of the accident are not yet known. Incident reports are filled with the data of the employee concerned that has already been recorded in SwissSalary. Missing information is then largely filled out automatically. After electronic accident report receipt, the insurer checks whether and how the company is covered by an insurance and automatically generates a claim number that is reported back by the system to the company in the shortest possible time. Furthermore, the company can retrieve the current status of case processing at any time, transmit data on possible incapacity to perform duties and receive relevant daily allowance statements electronically and process everything right in the payroll software. Suva (also referred to as the insurer on the pages below) is currently the first and only accident insurer to enable a digitalized claims management process.

Suva (also referred to as the insurer on the following pages) is currently the first and only accident insurer to enable a digitalized claims management process. In the fourth quarter of 2023, SWICA Krankenversicherung AG with UVG, UVGZ will join the list of insurers ready to receive reports. Notifications to KTG are planned for 2024. Both insurers are currently in the pilot phase with SwissSalary customers.

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 (IN-FOBOX)	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

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
The first adjustment is made in the Payroll master data in tab UVG - UVG Contract. If the KLE checkbox is selected, the four KLE tiles are displayed on the main page.
If no contracts are stored, the KLE tiles are not displayed either.

For other insurances like UVGZ and KTG, the KLE checkbox must not be selected. It is currently only possible to report with SUVA, other private insurers will be added later.

The settings below must also be verified and match the ELM insurance profile:

=> UVG => Payroll master data - UVG - UVG Contract, no zeros are allowed in front of the customer number, please note the format. The contract number is recorded using the customer number, in this case 1702-2840.6 space 01. 01 is written in the 'Contract' field.

UID-BFS-No.
Company identification number (different for each client) must be entered in the Payroll master data in tab General. Please note the format!

General

LSE Salary settlement · · · · · · · · · ·	Union Contract ⌄
LSE ELM · · · · · · · · · · · · · ·	PIV (Automatic) ⌄
Tax Declaration ELM · · · · · · · ·	PIV (Automatic) ⌄
Headquarter · · · · · · · · · · · ·	BS ⌄
UID-EHRA-No. · · · · · · · · · · ·	CH-400.3.035.896-2
UID-BFS-No. · · · · · · · · · · · ·	CHE-324.985.487
Last Day of Week · · · · · · · · · ·	Friday ⌄

KLE Nummern-Serie erstellen
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 settings - Contact details for SUA certificate delivery
Company contact with an email address and a contact person (usually the person responsible for payroll) must be stored in Contact Person under the Settings tab.
This contact person is the recipient of the password, which is sent by registered mail.

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 Personal details - 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

For the insured earnings to be calculated, relevant categories must be assigned in the Absences tab to all wage types subject to UVG that are required for reporting to accident insurance company of KTG insurer. => see Accident Details

The composition of insured earnings can vary from insurer to insurer for a specific event and also depending on the configuration. This means that the insurer has ultimate control over the amount of insured earnings. In case of any ambiguity during wage types setup, the customer must contact the insurer themself. Therefore, no daily allowance is calculated with KLE, but the insurer is provided with the basis for calculating the insured earnings. Current and/or past wage components are taken into account. This basis for calculating the insured earnings is either used by the insurer directly to calculate daily allowance or they can determine the insured earnings relevant for calculating daily allowance using the data received. => KLE Guidelines - Swissdec www.swissdec.ch CH Service Standard Guidelines (KLE)

A filter for salary types subject to UVG can be used to quickly display all salary types, which may have to be set up accordingly.
Attention: 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.

Demage Detail
Possible selection fields in the Accident details field:

A - Main Salary

B - Family Allowance

C - Vacation and Holiday Allowance

D - Other Salary Allowance

E - Bonus and 13th Payment

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

Basis für den versicherten Verdienst

Rückwirkende Betrachtung | Aktuelle Betrachtung

Zeitachse

1 Jahr vor dem Ereignis | Aktueller Monat

Unregelmässige Zulagen (Schicht, Überzeit, Provision usw.) oder Stundenlohn | Monatslohn und regelmässige Zulagen hochgerechnet auf das Kalenderjahr.
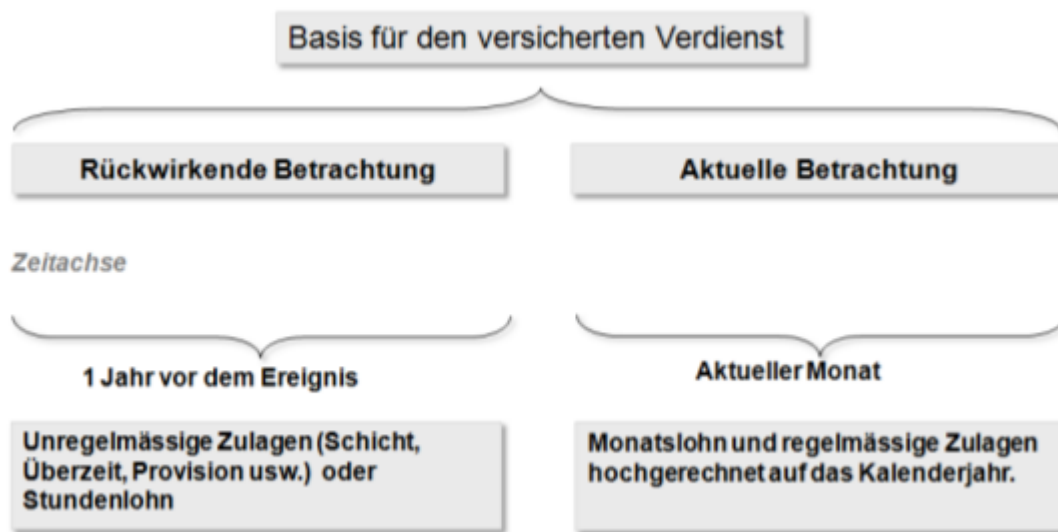
An example with current consideration of salary types (expected, regularly recurring wage components)
Current consideration relates to the part of the income that a person earns immediately before the event. It applies to all persons receiving monthly salary. This means that SwissSalary takes wage data from the month of the event. Depending on the information stored in the refunding of absences, the required wage types are multiplied by 12 or 13 and totaled.

An example with retrospective consideration of wage types (irregular wage components)
SwissSalary calculates 12 months backwards from the month before the event occurred. For a shorter period (employment <12 months), SwissSalary will make a 365-day offset.
Beware of wage increases that have not yet been posted at the time of reporting. They are not taken into account. Entries in the 'Timemachine' are currently not recognized either. Child allowances not yet been paid because the allowance notification has not yet been received will not be taken into account if they are set to inactive. => see Chapter Special cases - Manual additional payments

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　SUA certificate release

In the Payroll Setup - Swissdec - Setup - General, a separate certificate (Swissdec company authentication) must be stored for all clients. Before this process is triggered, some facilities (number series, contact details for the delivery of the password, UID-BFS number as well as customer and contract number SUVA etc.) must be checked in the Payroll Setup. see also KLE Facilities wage master data.

When the certificate is ordered, the information in the company data is also sent. Therefore, the information on the ELM insurance profile must match the company data => search company data, in case of discrepancies, this information must not simply be overwritten! => contact Suva branch and change the data there if necessary.

If all the information is stored correctly, the following must be set up in the Swissdec setup menu:
- 　　　Enter KLE & SUA Distributor URL => Swissdec Setup => Restore KLE default & Restore SUA default
- 　　　Renew certificates => General – Certificates – Update certificates => KLELIVECLIENT is added
- 　　　Get SUA UID certificate (SUA) => Swissdec settings – General – Get SUA UID certificate (SUA) => Password dispatch is triggered, term 3-4 days.
　　　=> new certificate SUAxxxx was provided in Certificates with assigned client name for later entry of the password

After receiving the password, proceed as follows:
- Acquire SUA password with hyphen => Swissdec Setup - General Certificates (select password to retrieve certificate).
- Get UID certificate (SUA) again => General
- Successful process is confirmed => column Certificates is checked.

The ordering process description is very technical and serves for information purposes only. It describes the processes behind the order.

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 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.

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 first company's notification of the insurer. It initiates the process between the company and the insurer. .
Incapacity to perform duties	A complete history of incapacity to perform duties is always submitted here. Depending on the configuration, a 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).
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".
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.

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 (notification) can be used by the company to report an event to the insurer with a minimal data record, even if the event date is still missing.
This way, the company can report the event promptly and receive claim number (insurance case ID) from the insurer.

A new accident event can be reported as follows. (Illness cannot be reported at the moment.)

=> open the relevant employee in the personnel list and open a new case via **Personnel - KLE Case Management**.

Select **New accident** in the menu above and fill in the data in the **General** menu.

If an incorrect incident date has been reported by mistake, it can be overwritten and transmitted again. The case is only activated by the insurer when a complete report is submitted (all mandatory stories).
In an additional hint by means of a 'dialogue' story, the reason of the mutated incident date could be announced.

Field description

General	Explanation - Action	Informationen
Incident date type	Being clarified - approximate - exact, select corresponding situation	Depending on whether the inci-dent date is known at the time of reporting with 'Being clari-fied', the story Accident de-scription and Incapacity to per-form duties is not possible.
Incident date	Record accident date or leave blank if not yet known	Record the accident date or leave it blank, if it is not yet known when the incident date type is 'exact' or 'approximate', a date is required.
Type of accident	Select the corresponding type	- Accident BU - Accident NBU - Occupational disease - Death BU - Death NBU
Work hours	Irregular - regular This is also explained in menu **One-time setup - Wage type man-agement / Wage type assignment**	An hourly wage earner is usual-ly 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 perform duties	**Not** activated by default = Accident with incapacity to perform duties	Must be set to inactive if it is a minor accident without incapac-ity to perform duties.
Recurrence date	new, later date, after the initial inci-dent date	Only required in the event of a report on recurrence.
Recurrence case with the same employer	Select the corresponding case	Selection of all the employee's reported cases.
Recurrence after the change of employer	… Select will take you to the com-pany's UVG insurance details. En-ter the claim number of another insurance company in the Recur-rence insurance case ID field	In the event of a recurrence, the insurance company that was the service provider for the base case must pay for it. Therefore, enter the 'old claim number' here.
Test case	Active by default and must be deactivated for reporting	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

If SwissSalary Direct is used, the new case can be sent to the SwissSalary Direct Self-service Portal by checking the 'Synchronize with Direct' box in the General menu, so that the person who has had an accident can view the event report and possibly add to it. The claim number (see the Insurance Claim column) is displayed in the overview. This number can be provided to the medical contact and used to obtain medicines from a pharmacy.

The event report can then be submitted. However, we recommend filling in information also for stories 'Incapacity to perform duties', 'Medical treatment' and 'Accident description' and, if available, also send work incapacity certificate. The view at the bottom of KLE Case Stories will then change to 'confirmed'. Reports without an exact incident date can also be submitted. The **Case synchronized** confirmation message appears.
The report is confirmed with its claim number (insurance case ID) filled in **Insurance details** (right window).

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 in-capacity to perform duties. Up to date can be left open. Record later	Only required when registering birth benefits with indication of the birthdate.

	incapacity to perform duties that changed and submit again. Return to work is recorded here.	
*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)	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). .

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.

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 Claim notification UVG as PDF

The claim notification can be printed in the overview of reported cases via 'Open insurance cases'. The pharmacy certificate for the purchase of medication is no longer required. It is sufficient to enter the claim number, which can be found at the top right of the claim form.

With the 5062.00 update, the health and accident card can be sent to the person involved in the accident when it is created and printed with SwissSalary Direct and can therefore also be filed in the personnel dossier.
The report ID of the claim notification must be entered in the document structure of the dossier for filing in the dossier. => Document management setup - 3049413

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 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.

5.3 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)'.

5.4 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.

5.5 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'.

5.6   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.

5.7   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.

5.8   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.

5.9 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.

6 Special cases

6.1 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.

6.2 Recurrence with the same employer

If an employee suffers a relapse, the insurance company that was already the benefit provider for the basic case must pay for it. In this case it is a relapse with SUVA => select Accident type Relapse BU or Relapse NBU, if not known whether BU or NBU, select Relapse BU.
In the field Relapse Case the basic case must be selected. If the basic case has not yet been reported with KLE, the claim number must be entered manually via the info box on the right Insurance details - Edit claim number.
Another possibility to enter the claim number is via the selection Actions - Edit claim number.

6.3 Recurrence when the employer changed

If an employee suffers a relapse, the insurance company that was already the benefit provider for the basic case must pay for it. If the injured employee is no longer employed by the former employer and is insured by the current employer with SUVA, the case can NOT be reported with KLE. In such a case, the recurrence must be reported directly to the insurer of the basic case.

6.4 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.

6.5 Multi-employer event

If an employee suffers an accident and works for several employers, only one accident insurance is to cover all benefits according to statutory regulations.
In such a case, this can mean that an accident must be reported to an insurer the employer has no contractual relationship with and thus no communication via KLE.

In this case, the registration with no contract described under Recurrence when the employer changed applies.

6.6 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.

6.7 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.

6.8 TimeMachine

Entries in TimeMachine that affect wages are taken into account.

6.9 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.

6.10 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".

6.11 Reporting accidents with unassigned body area

Unassigned body area
If an injured body part cannot be assigned to either left or right side, 'Unassigned body part' can be selected. An example of a body part that cannot be assigned is the heart or a state of shock.

If none of the terms offered is selected for the type of accident, a free text must be entered un-der "Other type of injury".

6.12 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.

6.13 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.

6.14   Incapacity to work after minor notification

see chapter 'Adding to, changing reported events'

6.15   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

6.16   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.

6.17   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!

6.18   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.

7 Search - Filter - Personalize

7.1 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.

7.2 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.

8 Other KLE parts under development

8.1 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

9   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.