

Company:

Base plan Executive/complementary plan Other:

PERSONAL DETAILS OF THE INSURED

Last, first name: Date of birth:

AVS N°: Gender: male female

Occupation: E-mail:

Address:

Telephone:

Civil status: single married divorced widow(er)
 registered partnership dissolved partnership

If married or bound by a registered partnership, date of marriage/partnership:

First name of spouse/partner: Date of birth:

If divorced or partnership dissolved, date of divorce/dissolution:

| Children (if under 25 years of age): | First name | Date of birth |
|--------------------------------------|------------|---------------|
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ENTRY INTO THE INSURANCE

Date of entry:

Annual AVS salary: CHF

Employment rate: %

Note: If AVS salary exceeds CHF 240'000.-, the insured person will receive a health declaration to be completed.

(If temporary or seasonal employment, please convert split salary to annual salary)

DETAILS OF FORMER EMPLOYER/FORMER PENSION INSTITUTION

| Company name and address of former employer | Company name and address of the former pension fund | Year |
|---|---|-------|
| | | |
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WORK CAPACITY

Is the person to be insured in full working capacity? yes no

Does the person to be insured receive a pension from the federal disability insurance? yes no

If yes, degree of pension: %

Was the person to be insured subject to an impaired condition of affiliation with the former pension institution? yes no

Place, date: Stamp, signature of employer: