

Company:

PERSONAL DETAILS OF THE INSURED

Last name: First name:

Date of birth: AVS N°:

STATE OF HEALTH

Are you in good health? yes no

If not, for what reason/diagnostic? Since when? Doctor, hospital, address?

Have you any health restrictions which might have repercussions on your work capacity or that may lead to repercussions on your work capacity over the next two years? yes no

If so, for what reason/diagnostic? Since when? Doctor, hospital, address?

Are there any reservations regarding your state of health or a risk premium with your current pension fund? * yes no

* **Documents required:** Copy of the reservation and the last pension fund certificate.

Have you visited a doctor, a psychologist or a therapist during the last five years or have you received any treatment? yes no

If so, for what reason/diagnostic?	When?	Duration?	Recovery without sequels?	Doctor, hospital, address?
.....
.....

Do you have any plans to visit a doctor, to be hospitalized, to stay at a health resort or to undergo out-patient surgery? yes no

If so, why? When? Doctor, hospital, address?

CONFIRMATION BY THE NEW EMPLOYEE

I hereby authorize the doctors listed and the pension institution to supply information to their reinsurer on my state of health and/or my current pension plan and to use and process my data within the limits of the present form. The reinsurer of Fondation de prévoyance PROFMED & PROLIBERA undertakes to treat the data received confidentially.

By my signature, I confirm that I have answered the questions asked in a complete and truthful manner. Should the above information be incorrect, the pension institution and their reinsurer have the right to refuse benefits.

ADDITIONAL INFORMATION

Please return this form to us within 10 working days.
Reservations for health conditions are valid for a maximum of five years. Reservations for pre-existing health conditions are taken over by the pension institution.

Place, date: Signature of the insured: