

Registration for the employee pension plan

Information about contract and insured person

Name of employer or foundation <input type="text"/>		Contract no. <input type="text" value=" /"/>	AHV no. of the insured person <input type="text"/>	
Last name <input type="text"/>	First name <input type="text"/>		Date of birth <input type="text"/> <input type="text"/> <input type="text"/>	
Street/road, no. <input type="text"/>		ZIP code, town/city etc. <input type="text"/>		Day Month Year
				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Marital status

Single
 Married
 Divorced
 Widowed
 In a registered partnership
 Dissolved partnership

Date of marriage or registration

Day Month Year

Language

German
 French
 Italian
 Spanish
 English

Date of joining company up to 15th of the month → start of contributions on first day of the month of joining
 Date of joining company as from 16th of the month → start of contributions on first day of the month after joining

Date joined company	Start of contributions	Relevant annual AHV salary in CHF
<input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text" value="01."/> <input type="text"/> <input type="text"/> Day Month Year	<input type="text"/> extrapolated to one year

Information on capacity for work or gainful employment

Is the person to be insured fully capable of work or gainful employment when the insurance commences? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Due to incapacity for work, does the person to be insured draw benefits from a domestic or foreign insurance (e.g. as per IVG, MVG, UVG, BVG) or has application been made for such benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of remaining capacity for work or gainful employment in % <input type="text"/>
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* Please enclose with this application the doctors' certificates, decisions and dispositions of the relevant organisations (e.g. as per IVG [Disability Insurance Act], MVG [Military Insurance Act], UVG [Accident Insurance Act], BVG [Occupational Retirement, Survivors' and Disability Pension Plans Act]) providing benefit.

Additional information (if provision is made for same in the pension plan)

Is the person to be newly insured a self-employed person (as defined for AHV purposes) who is joining the pension plan in accordance with the pension plan of his company's pension facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the person to be insured obliged to pay maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree of employment (%) <input type="text"/>	Personnel category <input type="text"/>
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Confirmation by employer or foundation

Place <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> Day Month Year	Stamp and signature of employer or foundation <input type="text"/>
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