

## Admission Form

**Employer**

**Contract No.**

**Insurance  
mencement date**

Last Name	First Name	Date of Birth	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AHV No. / Social Security Number	Civil Status	Date of marriage	Language (G/E/F/I)	Plan
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Annual Salary in CHF	Employment level in %	Fully Vocational (yes/no)	Street Address and House Number	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location	Country	Tel. No.	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**See overleaf for important details of the insurance protection**

We have taken due notice, that the validity of the insurance protection depends on the correctness of our details, on the basis of the explanations given on this page, and that the pension scheme fund is entitled, under statutory requirements to cancel the pension-scheme insurance in case of any false details. In particular, we have noted any not fully occupationally (vocationally) active persons.

Place and Date

Stamp and Signature of Employer

# **Explanations for the making the Application**

## **Not fully Occupational (Vocational) Capability**

The following persons are considered not fully occupationally (vocationally) capable, on the date of the commencement of the insurance:

- those partially or fully absent from work for health reasons;
- those already receiving daily benefits for sickness or accident;
- those already applying for indemnities from insurances for invalidity- or daily sickness -benefits;
- those already receiving daily sickness- or invalidity -benefits;
- those no longer fully able to pursue the occupational (vocational) activity for which they are trained.

## **Health Declaration Form**

Persons not fully occupationally (vocationally) active on the basis of the above explanation, should complete and submit the 'Health Declaration' Form of their own accord. In addition, the reinsurer will subsequently request to receive the 'Health Declaration' Form when the benefit limits are exceeded, which were agreed at the inception of the insurance or upon any increase in the initially insured benefits. The definite acceptance for insurance of persons, from whom a 'Health Declaration' Form is required, can also depend on the submission of a medical certificate from a medical practitioner, or on a prior medical examination. The costs arising would then be borne by the reinsurer.

## **Insurance Protection**

This present insurance protection is primarily for persons from whom no 'Health Declaration' Form is required. As concerns other persons, any insurance protection granted is only initially 'provisional' from inception. The reinsurer will then indicate in writing, whether- and to what extent -definite insurance protection will be granted. In cases of 'provisional' insurance protection, the reinsurer will, in case of an insurance claim, only indemnify the agreed benefits for sickness, disability and accident, which occur after the date of the contracting of the insurance cover.