

Company

Category

Contract No.

### Particulars of person to be insured

Last name

First Name

Date of birth

AHV / AVS No.

Sex

male

female

Function

Civil status

single

married

divorced  
since

in registered partnership

widowed

Street

Postal code/place

Language

German

French

English

Email

Phone

### Beginning of pension

as at

### Annual salary

Annual salary CHF

Activity rate

(Annual salary details can be found in the pension rules or pension plan)

**The employer confirms that the person to be insured is currently or was at the beginning of the pension relationship fully able to work:**

yes

no, further details

Place and date

Employer's stamp and signature

First name, last name

Company

Height (cm)

Weight (kg)

### 1. Is there a medical reservation in respect of the previous pension plan?

no  yes, further details

please attach copy

### 2. Have benefits from your pension, disability, military or accident insurances been paid to you or are pending?

no  yes, further details

please enclose copy of decision for annuities or daily allowance

### 3. Are you currently receiving medical treatment?

no  yes, why?

Name and address of the treating doctor or hospital

### 4. Do you regularly take medicine, resp. has medicine been prescribed for you? (min. one time per week)

no  yes, why and which ones

### 5. Have you taken AIDS test that has produced an HIV-positive result or that is open to question?

no  yes, when

### 6. Have you seen, in the last 5 years, a doctor, a psychologist, a chiropractor or any other therapist following an accident, or an illness or has consultation/exam/treatment been recommended to you?

no  yes, please give further details

Type of illness/type of accident; infirmity; treatment; exam	from	to	Duration of the work incapacity	Doctor or hospital, complete address and department

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First name, last name

Company

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**7. At your previous employer, was there a separate pension plan for extra-mandatory pension provision?**

no       yes, name of pension plan

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**8. Are you or were you once self-employed, paing contributions into «Large Pillar 3a» (large Pillar 3a only possible without affiliation to the occupational pension fund)?**

no       yes, name of Pillar 3a foundation

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**9. Did you arrive in Switzerland after the 01.01.2006?**

no       yes If yes, since when do you live in Switzerland?

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Since when have you first been affiliated to a swiss pension institution?

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## Conditions of admission for group insurances

The foundation and reinsurer decide on admission to insurance on the basis of health questions. Moreover, they can arrange a medical examination.

## Authorization

I hereby declare that I have answered all the questions in this form truthfully and in full, I am aware that any breach of the duty of disclosure may result in the reduction or refusal of benefits and in a claim for damages. I authorize the foundation and its reinsurer to process the data needed to verify the risk, the entitlement to benefits and the formation of the contract. If necessary, data may be forwarded, particularly to pension plans to which the insured belongs or has belonged. I authorize the foundation and its reinsurer to obtain information from members of the medical profession and their auxiliary persons, authorities, social security bodies and third parties, particularly in respect of the previous pension plan on any payments made. For this purpose I expressly absolve the members of the medical professional and their auxiliary persons from their duty to observe secrecy.

I also agree fully that in order to ensure the quality of our advice, pension-related information (excluding any health-related questions) may be exchanged with the depositary bank or the broker/agent concerned.

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Place and date

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Signature of person to be insured

Collective Foundation PensUnit  
Kauffmannweg 16  
CH-6003 Lucerne

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Kauffmannweg 16  
CH-6003 Lucerne