

AVS No.:  Adress:  Language:  French  German  English  Italian  Tel. private/mobile:  Mail:  Civil status from:  bound by a registered partnership  partnership dissolved  widow(er)  Date of entry:  Annual AVS salary:  CHF  Level of activity:  (In case of part-time employement, please indicate the annualised salary corresponding to the actual rate of activity)  (If temporary or seasonal employement, convert the partial salary to an annual salary)  Remark: A medical examination is required when the insured person exceeds for the first time the limit of CHF 400'000, then at each salary increas which exceeds 20% or CHF 50'000. (We send the health questionnaire to the insured person)  Details of the employer/former pension fund  Corporate name and address of former employer  former pension fund	Group of persons insured:				
Name and first name:  AVS No.:  Gender:  M F Adress:  Language:  French  English  Italian  Tel. private/mobile:  Civil status from:    bound by a registered partnership   partnership dissolved   widow(er)  Date of entry:  Annual AVS salary:  CHF  Level of activity:  (In case of part-time employement, please indicate the annualised salary corresponding to the actual rate of activity)  (If temporary or seasonal employement, please indicate the annualised salary to an annual salary)  Remark: A medical examination is required when the insured person exceeds for the first time the limit of CHF 400'000, then at each salary increase which exceeds 20% or CHF 50'000. (We send the health questionnaire to the insured person)  Details of the employer/former pension fund  Corporate name and address of former  Corporate name and address of former  Formary Corporate name and address of former pension fund  Corporate name and address of former  Formary Corporate name and address of former pension fund  Ability to work  Is the person to be insured fully able to work?  Does the person to be insured fully able to work?					
AVS No.:   Gender:   M   F   Adress:   Language:   French   German	Personal data of the	e insured person			
Address: Language: French German Language: English litalian Language: English Langua	Name and first name:		Date of birth:		
Tel. private/mobile:	AVS No.:		Gender: M	F	
Tel, private/mobile:	Adress:		Language:	ch German	
Tel. private/mobile:			_	sh Italian	
Date of entry:  Annual AVS salary: CHF	Tel. private/mobile:				
Date of entry:  Annual AVS salary: CHF	Civil status from:	single	married	divorced	
Annual AVS salary: CHF		bound by a registered partnership	partnership dissolved widow(er)		
(In case of part-time employement, please indicate the annualised salary corresponding to the actual rate of activity) (If temporary or seasonal employement, convert the partial salary to an annual salary)  Remark: A medical examination is required when the insured person exceeds for the first time the limit of CHF 400'000, then at each salary increas which exceeds 20% or CHF 50'000. (We send the health questionnaire to the insured person)  Details of the employer/former pension fund  Corporate name and address of former  Corporate name and address of employer  former pension fund  Ability to work  Is the person to be insured fully able to work?  Does the person to be insured receive a federal disability insurance pension?  yes no	Date of entry:				
(If temporary or seasonal employement, convert the partial salary to an annual salary)  Remark: A medical examination is required when the insured person exceeds for the first time the limit of CHF 400'000, then at each salary increase which exceeds 20% or CHF 50'000. (We send the health questionnaire to the insured person)  Details of the employer/former pension fund  Corporate name and address of former	Annual AVS salary:	CHF	Level of activity:	Level of activity:	
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which exceeds 20% or CHF 50'000. (We send the health questionnaire to the insured person)  Details of the employer/former pension fund  Corporate name and address of former	(If temporary or seasons	al employement, convert the partial salary to an annual s	alary)		
Corporate name and address of former				'000, then at each salary increaso	
Ability to work  Is the person to be insured fully able to work?  Does the person to be insured receive a federal disability insurance pension?	Details of the empl	oyer/former pension fund			
Ability to work  Is the person to be insured fully able to work?  Does the person to be insured receive a federal disability insurance pension?	Corporate name and address of former employer		·		
Ability to work  Is the person to be insured fully able to work?  Does the person to be insured receive a federal disability insurance pension?					
Is the person to be insured fully able to work?  Does the person to be insured receive a federal disability insurance pension?  yes no					
Does the person to be insured receive a federal disability insurance pension?	Ability to work				
	Is the person to	b be insured fully able to work?		yes no	
If yes, degree of disability:%			ance pension?	yes no	
	If yes, degree c	of disability:%			
Place and date:Stamp/Signature of employer:	Place and date:	Stamn/Signa	ture of employer		