

# Pension Fund

Deregistration of personal pension fund

Employer

Insurance and policy no.

## Insured person

Surname

First Name

Sex

male

female

Street

ZIP/Place

Phone

Mobile

E-Mail

Birthday

Social insurance no.

Nationality

Permit of stay

Language

Marital status

Date of marriage

Responsible of maintenance?

no

yes

Birthday of children

Date of exit from the employment

Last professional occupation as

Last annual gross salary (approx.)

Percentage of workload

Are you at the time full able to work?

no

yes

If not, why?

Do you get a pension from social services?

no

yes

Name and address of the new employer

Name of the new pension fund

Do you leave Switzerland?

no

yes

If yes, do you want the pension fund account to be paid off?

no

yes

To which account? Name/address, account no.

## Request to extend the duration of the insurance.

(Only possible in case you won't have a new employment and continue your stay in Switzerland. Please fill out the following questions.)

Date of last salary payment

Date of last working day

Are you able to work at the moment?

yes

no

If not, why?

Are you in a medical treatment or other therapeutical treatments ?

yes

no

If yes, what kind of treatment?

Where?

Is there any consequence of illness or accident current?

yes

no

If yes, what kind of consequence?

Which doctor can give more detailed informations?

Did already exist a handicap before your employment and is this already declared?

yes

no

If yes, what kind of handicap?

Which regulator treaded this handicap till now?

Would you like to have a consultation about your insurance situation?

yes

no

If yes, please note your phonenumber and email

I confirm to have understand all the questions and have answered honestly. I know that untrue or missing informations could have consequences concerning employment, insurance and by law.

Place / Date (insured person)

Signature (insured person)

Firm stamp and signature

Place / Date (company)