

Application for continued insurance in case of exclusion from compulsory insurance after reaching the age of 55

Insured person

Surname _____ First name _____

Address _____ Postcode/town _____

Start _____

Ways to contact me in case of any queries:

Tel.No. _____ E-mail _____

1. I confirm that the employment relationship was terminated by my employer.

2.1. I would like to continue the risk and retirement provisioning as follows:

- For the continued insurance, the previously insured salary risk and savings applies
- I would like to reduce the salary risk and savings to CHF _____/year
- I only want to reduce the salary savings to CHF _____/year

2.2. I only want to continue the risk provisioning as follows:

- The previously insured salary risk applies to the continued insurance
- I want to reduce the salary risk to CHF _____/year

If the insured salary is reduced, it may not be increased again at a later date.

3. I am aware that if the insurance is continued for more than 2 years, the retirement benefits will be paid in the form of a pension and the termination benefit can no longer be withdrawn early to purchase residential property or pledged.

The undersigned person hereby applies for continued insurance in accordance with Article 12 of the current Pension Fund Regulations.

Place/date

Signature of the insured person
