



Contract No.

## Registration for occupational benefits

**Particulars of the contract and insured person**

Name of employer

Surname

First name

male  female

Street, Post Code and Town

Date of birth

Civil status

Date of marriage

AHV No.

Single, married, divorced, widowed, in registered partnership, legally separated.

Company joined by 15<sup>th</sup> of the month – Insurance begins on the 1<sup>st</sup> day of the month of joining

Company joined after 16<sup>th</sup> of the month – Insurance begins on the 1<sup>st</sup> day of the following month

Start of employment relationship

Start of insurance

Determining AHV annual salary

Language

G  I  F  E

Degree of employment

 %

if start during year, state figure for whole year

Previous employer

Previous benefits scheme

Vested benefits and any credit balances must be transferred to the pension fund of your new employer.

Payment forms to make the transfer can be obtained from your employer.

Transfer to Loyalis BVG Collective Foundation, 7000 Chur, PC 70-216-5, Account CH82 0077 4151 3684 6600 1.

Please state contract and AHV No., together with first name and surname, on the payment form.

Is the insured person fully fit for work?

Yes  No

A person who meets one of the following conditions when insurance cover begins is not regarded as fully fit for work

- Must stay away from work altogether or in part for health reasons
- Is in receipt of daily allowances because of illness or accident
- Is registered with a State disability insurance scheme
- Draws a pension for full or partial disability
- For health reasons, can no longer be fully employed in a manner consistent with his/her educational background and aptitudes
- Undergoes regular medical treatment for a chronic illness or lasting sequels of an accident

**Notes**

  
  


Signatures

Place/Date

Employer

Please ask the insured person to complete the sections overleaf



Contract No.

Name of employer

Surname

First name

Date of birth

## Questions to the person to be insured

- 1 Height of insured person (cm)  Weight of insured person (kg)
- 2 Do you feel completely healthy and are you fully fit for work?  Yes  No
- 3 Are you currently undergoing medical treatment or have you done so in the past 12 months?  
If so, state reason and name the doctor.  Yes  No
- 4 Are there any sequels of an illness, accident or birth defect?  Yes  No
- 5 Have you been admitted to a hospital, care or nursing establishment for more than 7 days  
during the past 5 years?  Yes  No
- 6 Are treatments, operations, spa treatments etc. pending or have they been recommended for you?  Yes  No
- 7 Are you drawing or have you drawn pecuniary benefits from the Swiss Federal disability insurance or  
from other insurers (indicate only if benefits paid for more than 14 days)?  Yes  No

If the answer to Question 2 is NO or the answer to one of Questions 3 to 7 is YES, please give the following details:

Question	Reason/nature of illness or accident	Time/duration of treatment	Complete cure	Doctor/address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The questions must be answered in full and trustfully to the best of your knowledge. Untruthful indications may result in refusal of insurance, withholding of insurance benefits or the imposition of a subsequent reservation! The terms and conditions of the occupational benefits regulation likewise apply.

I have noted the fact that the insurance cover depends on the accuracy of this declaration and that Loyalis BVG Collective Foundation may withdraw from the insurance or restrict the benefits provided by it if incorrect information has been given, subject to the provisions of law or regulation. Depending on the benefits plan and annual salary, Loyalis BVG Collective Foundation may ask for further information.

### Release from professional or official secrecy and right to inspect documentary records.

To the extent that this is necessary for the provision of occupational benefits (risk assessment/dealing with a particular benefit case), the undersigned insured person releases the Swiss Federal disability insurance, military insurance, accident insurers, previous benefits schemes, healthcare and daily health allowance insurers, any foreign insurers and the treating physicians from professional or official secrecy in relation to Loyalis BV Collective Foundation and authorizes said institutions and persons to provide the necessary information on request (including medical details) and access to the relevant documents. Only the information needed in the specific case will be obtained. Data will be treated in strict confidence by Loyalis BVG Collective Foundation and used solely for the purpose of contractual performance of the occupational benefits or insurance contract.

Acceptance of insurance cover is governed by the provisions of the framework regulation.

Signatures

Place/Date

Insured person