

Election protocol – PVK

Employer

Contract no.: _____

Name: _____ Post code/place: _____

☐ First election ☐ By-election ☐ Re-election as of: _____

Employer representatives

The employer selected the following people as their representatives in the PVK:

First name, last name: _____ Signature: _____

Employee representatives

The employees elected the following people from the group of insured persons as their representatives in the PVK:

First name, last name: _____ Signature: _____

President

The PVK elected the following person as its president:

First name, last name: _____ Signature: _____

Election

The members of the PVK were elected in accordance with the provisions of the organisational regulations.

Dealing with ÖKK

The following person has been entrusted with the relevant administrative tasks vis-à-vis ÖKK Occupational pensions:

First name, last name: _____ Signature: _____

Notes

Place and date: _____ Signature: _____

We are there for you.

ÖKK Occupational pensions, Comercialstrasse 23, 7000 Chur
Telephone 081 552 02 92, info@oekkbvg.ch

**Insurance that
makes sense.**

ÖKK