

Registration for occupational benefits

Details on the contract and the insured person

Contract no.: _____

Name of employer: _____

Last name: _____

First name: _____

☐ m ☐ f

Date of birth: _____

Social insurance no.: _____

Marital status: _____

Date of marriage: _____

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

Street: _____

Post code/place: _____

Company joined by 15th of the month – insurance begins on the first day of the month of joining

Company joined after 15th of the month – insurance begins on the first day of the following month

Start of employment relationship: _____

Start of insurance: _____

Applicable AHV annual salary: _____

Category: _____

Degree of employment in %: _____

Language ☐ D ☐ F ☐ I ☐ E

Previous employer: _____

Previous pension fund: _____

Vested benefits and any credit balances from previous pension funds must be transferred by the insured person to ÖKK Occupational pensions.

Transfer to: ÖKK Occupational pensions, 7000 Chur / IBAN CH82 0077 4151 3684 6600 1

Please state your contract number, AHV number, first name and last name on the paying-in slip.

Is the insured person fully able to work? ☐ yes ☐ no

A person who is not fully able to work is someone who, when the insurance starts:

- Must stay away from work altogether or in part for health reasons
- Receives daily allowances due to illness or accident
- Is registered with a state disability insurance scheme
- Draws a pension as a result of full or partial disability
- Can no longer be fully employed in a manner consistent with their educational background and skills
- Receives regular medical treatment for a chronic illness or lasting consequences of an accident

Notes: _____

Place and date: _____

Signature of employer: _____

Please ask the insured person to complete the sections overleaf

We are there for you.

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

**Insurance that
makes sense.**

ÖKK

Name of employer:

Last name:

First name:

☐ m ☐ f

Date of birth:

AHV no.:

Questions to the person to be insured

1 Height of the concerned person

Weight of the concerned person

2 Do you feel completely healthy and are you fully able to work?

☐ yes ☐ no

3 Are you currently receiving / have you in the last twelve months received medical treatment?

☐ yes ☐ no

If so, state the reason and doctor providing the treatment

4 Are you suffering from any consequences of an illness, accident or birth defect?

☐ yes ☐ no

5 Have you been admitted to a hospital, care or nursing establishment for more than seven days

during the last five years?

☐ yes ☐ no6 Are treatments, operations, spa treatments etc. pending or have they been recommended to you? ☐ yes ☐ no

7 Are you drawing or have you drawn benefits from Swiss Federal disability insurance or

from other insurers (indicate only if benefits were paid for more than 14 days)

☐ yes ☐ no

If the answer to question 2 is **No** or the answers to any of questions 3 to 7 is **Yes**, please provide the following information:

Question	Reason, diagnosis	Time, duration	Completely cured?	Doctor

The questions must be answered in full and truthfully to the best of your knowledge. Providing incorrect information may result in the refusal of insurance or reduction of insurance benefits. Furthermore, the conditions of the regulations shall apply in this respect.

I acknowledge that the insurance cover depends on the accuracy of this declaration and that ÖKK Occupational pensions may withdraw from the insurance or restrict the benefits provided by it if incorrect information has been given, subject to statutory and regulatory provisions. Depending on the benefits plan and annual salary, ÖKK Occupational pensions may ask for further information.

Release from professional / official secrecy and right to inspect documentary records

To the extent 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 pension funds, healthcare and daily health allowance insurers, any foreign insurers and the treating physicians from professional and official secrecy in relation to ÖKK Occupational pensions and PKRück as its reinsurer as well as Diventa AG (as the branch office of the pension fund) and authorises said institutions and persons as well as ÖKK Occupational pensions, PKRück and Diventa AG 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 and used solely for the contractual performance of the occupational benefits or insurance contract.

The acceptance of the insurance cover is governed by the provisions of the framework regulations.

Please send the "confidential" registration form to:

ÖKK Occupational pensions, Comercialstrasse 23, 7000 Chur

Signature of insured person: