

Partnership declaration

Employer

Company: _____ Post code/place: _____ Contract number: _____

Insured person

Last name: _____ First name: _____

Street, no.: _____ Post code/place: _____

Date of birth: _____ Social insurance no.: _____

Marital status: ☐ single ☐ married ☐ divorced ☐ widowed

Life partner

Last name: _____ First name: _____

Date of birth: _____ Social insurance no.: _____

Marital status: ☐ single ☐ married ☐ divorced ☐ widowed

Confirmation of partnership

The insured person and his/her life partner hereby confirm that they are in a partnership within the meaning of the foundation's pension regulations. They hereby declare that they are unmarried and are not related to each other. They also confirm the following:

- ☐ We have been cohabiting since _____ (date)
- ☐ In the event of the insured person's death, the life partner must pay for the maintenance of one or more joint children:

Child's name and date of birth: _____

Child's name and date of birth: _____

Child's name and date of birth: _____

Child's name and date of birth: _____

- ☐ The insured person supports the life partner to a significant degree.

A partnership is defined as the existence of a relationship between two people who assist and support each other, analogously to Art. 159, para. 3 ZGB for spouses.

A separate form must be completed to register any changes of beneficiary in the case of death lump-sum payments. ("Change of beneficiary for death lump-sum capital" form)

This contract shall apply until it is revoked by the above-mentioned parties or until the insured person leaves ÖKK Occupational pensions.

Place and date: _____

Signature of insured person: _____ Signature of life partner: _____

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