

Admission notification



Notification _____
Company Date of admission

Details of the insured person _____
Surname First name

_____ Date of birth Social security number

_____ Street, no. Postcode, town

_____ AHV annual earnings in CHF Employment level in %

_____ Civil status Marriage date

single married divorced widowed

_____ Gender

male female

Questions for the person to be insured Are you currently 100 % able to work? Ability to work in %
If NO, what percentage is your ability to work? Yes No

Do you currently have any medical conditions or do you suffer from the consequences of an illness or an accident? Yes No

Do you draw a daily allowance or a pension due to inability to work? Yes No

Have you had to undergo several medical check-ups in the last 5 years or take a break from work for more than 4 weeks due to health reasons? Yes No

Do you plan to have an operation or a stay in hospital? Yes No

At the previous pension fund, was there a reservation for health reasons? Reservation since: Yes No
If YES, since when? _____

Declaration _____
I declare herewith that I have truthfully and fully completed the above questions.

I acknowledge that in the case of incorrect or incomplete details, Inter Pensionskasse can within the scope of legal regulations reduce or refuse benefits.

Additional forms If you are not 100% able to work and/or have answered one of the questions with Yes, the "Extended health check" form is to be submitted. You can obtain the form from your benefit adviser or directly from the Inter Pensionskasse website.

_____ Town Date Employer Person applying