Extended health check

Inter Pensionskasse

Details about the agreement

Company | Occupation

Details of the person applying

Surname | First name

Date of birth | Annual earnings in CHF

Street, no. | Postcode, town

Questions about health

Height in cm | Weight in kg

1. Are you at present fully able to work?
   If not, please indicate the degree of your inability to work _____ % ☐ Yes ☐ No
2. Do you smoke?
   If yes, kind of tobacco and daily amount _____ ☐ Yes ☐ No
3. Do you consume alcohol?
   If yes, how many units per week (1 unit = 100 ml wine, 300 ml beer, 40 ml spirits)? _____ ☐ Yes ☐ No
4. Have you been absent from work for more than two consecutive weeks during the last 12 months due to illness or accident?
   If yes, why? _____ ☐ Yes ☐ No

5.1 Have you been under medical treatment in a hospital, sanatorium or similar institution during the last five years or is a clinical treatment planned? ☐ Yes ☐ No

5.2 Do you suffer or have you suffered from any serious illness or disorders (physical, mental or psychic) during the last five years? Do you suffer from long term consequences of an accident, an illness or a physical infirmity (e.g. ankylosis, limb loss, bone anchorage, etc.)? ☐ Yes ☐ No

If you answered yes to 5a and/or 5b, please furnish detailed information on:

Nature of illness/accident and treatment	**From**	**To**	**Doctor, hospital (with address and department)**

6. Have you ever received abnormal results regarding a medical examination: X-Ray, ECG, AIDS test, urinalysis or blood test or other specific medical examinations? ☐ Yes ☐ No
   If yes, which? _____
7. Are you taking or did you have to take prescription drugs regularly?
   If yes, which ones? _____ ☐ Yes ☐ No
   Attending physician? _____
8. Have you ever applied for insurance coverage that was declined or modified (e.g. additional premium, reduction of the insurance period, reduction of coverage)? ☐ Yes ☐ No
   If yes, why? _____
9. Do you currently and at the inception date claim or receive benefits from the Disability Insurance, the Military Insurance or from an insurance company (please attach a copy of existing decisions)? ☐ Yes ☐ No
   If yes, why? _____
10. Which doctor is most familiar with your medical history? Please provide more than one address, if applicable:
    Name, address and telephone number: _____

Wächlenstrasse 13, Postfach 385, CH 8832 Wollerau
Telephone +41 43 888 2233, Fax +41 43 888 2220, Web http://www.interpk.ch

Extended health check

Declaration

I declare herewith that I have truthfully and fully completed the above questions. I authorise Inter Pensionskasse and its reinsurer or its medical service to obtain further information about the state of my health from the position responsible. I release the respondents from their duty of confidentiality to Inter Pensionskasse and its reinsurer for the duration of the insurance and authorise them to provide all necessary information.

Confidentiality

The information obtained by Inter Pensionskasse or the reinsurer is to be treated as **strictly confidential**. In the case of incomplete or untruthful information Inter Pensionskasse can in accordance with Art. 6 VVG (Insurance Contract Law) withdraw from the insurance.

Delivery

Please send the completed and signed form directly and exclusively to Inter Pensionskasse.

Town Date Person applying

Wächlenstrasse 13, Postfach 385, CH 8832 Wollerau Telephone +41 43 888 2233, Fax +41 43 888 2220, Web http://www.interpk.ch