

**Occupational pension plan
Application for collective insurance
Form for existing policies
(not new business)**

Company _____

Policy no. * _____ Insured no.* _____

Category All employees Management _____
* Fields can be amended by Allianz Suisse Life

Person to be insured

Last name _____

First name _____

Street, no. _____

Postcode, town _____

Date of birth _____

AHV no. _____

Phone No. _____

E-mail _____

female male

Occupation _____

single divorced¹

widowed¹

married since _____

registered partnership since _____

German French Italian

English

Employment relationship commenced on _____

Start of insurance on _____

Degree of employment _____%

(please complete only if different from the date of the commencement of the employment relationship)

Annual AHV salary CHF _____

(If the employment relationship commenced during the year, please round up to a full calendar year)

Do any health-related restrictions apply to the person to be insured which could affect his/her capacity for work?

Yes No

If **yes**, we kindly ask the person to be insured to send us the completed and signed medical questionnaire and any decisions regarding pensions from other private or social insurance schemes. You can find the questionnaire and the information sheet on the registration procedure online at: www.allianz.ch/bvg-dokumente

Has the Federal Disability Insurance (IV) reduced or terminated the pension of the person to be insured after 31 December 2011 with effect from 1 January 2012 or later?

Yes No

If **yes**, please note the additional information in our information sheet "6. IV-Revision" (6th Disability Revision) on the Internet: www.allianz.ch/bvg-dokumente

Place and date

Stamp / Signature of the employer or foundation

For transferring vested benefits you and the person to be insured can use the form "Transfer of vested benefits to the new pension fund" online at www.allianz.ch/bvg-dokumente

¹ Applies both to marriage and a registered partnership.