

OCCUPATIONAL PENSIONS

Notification of unpaid leave

Company

Contract no.

INSURED PERSON

Surname

First name

Street, no.

Postcode, town/city

Date of birth

AHV no.

IMPORTANT INFORMATION

- For unpaid leave lasting up to one month, insurance cover is maintained as before. No notification is required.
- For unpaid leave lasting longer than one month, the insurance is automatically suspended. During the suspension, no contributions are charged and no insurance cover applies.
- If the insured person wishes to maintain insurance cover during a period of unpaid leave lasting more than one month, he/she must report this to the Foundation with this form before the unpaid leave commences.
- If insurance cover is maintained, the contributions must be paid in full by the insured person, though the employer remains formally responsible to the Foundation for their payment.
- Maintenance of insurance cover during unpaid leave is limited to a period of one year. After that, the insurance is suspended and insurance cover no longer applies.

DURATION

Start

End

RATHER THAN IT BEING SUSPENDED, THE INSURED PERSON WOULD LIKE HIS/HER INSURANCE TO BE CONTINUED:

with unchanged insured benefits (savings and risk)

Insurance cover will be maintained at the same level for the duration of the unpaid leave (no longer than one year). Risk, savings and cost contributions will continue to be charged.

with only the insured benefits for the risks of death and disability remaining unchanged (risk only)

The insurance will be maintained for the duration of the unpaid leave (no longer than one year), but only the insured benefits for the risks of death and disability shall remain covered without any changes. The savings process will be suspended. Only risk and cost contributions will be charged.

No coverage desired for the corresponding period.

Important note: the chosen option will be used for all of the insured person's occupational pension policies with Allianz Suisse.

By signing this form, the undersigned confirm that they have read and understood the important information on unpaid leave and that the information provided is truthful and complete.

(Place and date)

(Signature of insured person)

(Place and date)

(Stamp/signature of the employer)