

Notification of joining

Company _____
Policy no. _____
Plan _____

1. Personal details of person to be insured

Name _____ First name _____
Street/no. _____ Postcode, town/city _____
NI no. 756. _____ Date of birth _____
Telephone _____ Email _____
Joined company _____ Joined Pension Fund* _____

Gender female male
Marital status single married since* _____ divorced widowed
 in a registered partnership since* _____
partnership dissolved legally by death
Language German French Italian English

2. Health status*

Is the person to be insured fully able to work? yes no
Are they receiving benefits under invalidity (IV), military (MV) or accident (AIA) insurance or are any claims pending (if yes, attach pension approval certificate)? yes no
Are there any health restrictions from a previous pension fund? yes no

3. Salary information

Annual AHV salary* CHF _____ 100% _____ %

4. Other pension relationships*

Is the person to be insured still a member of other pension funds in Switzerland? yes no

5. Vested benefits*

Name and address of previous pension fund: (attach a copy of the vested benefits statement!)

Place and date

Company (stamp and signature)

* See notes on the reverse

Notes

Re point 1: Personal details

Joined Pension Fund

Persons subject to compulsory insurance under the Federal Law on Occupational Benefits (LOB) must be insured from the date they join the company, unless their employment relationship is temporary and for a maximum of three months. If an extension beyond three months is agreed (temporary or permanent), the compulsory insurance obligation begins on the date on which the extension was agreed (please note: a probationary period is not classed as a temporary employment relationship).

Married since/in a registered partnership since

To comply with legal requirements (Art. 22 of the Vested Benefits Act (VBA) on divorce), the precise date of marriage/partnership registration must be provided.

Re point 2: Health status

A person is classed as not fully able to work if they have to be absent from work some or all of the time due to health reasons at the start of their insurance,

- Are receiving a daily allowance due to sickness or accident,
- Are registered with a national disability insurance scheme,
- Are receiving a pension due to full or partial disability,
- Can no longer fully perform a job commensurate with their training and skills due to health reasons.

All other persons are classed as fully able to work.

Re point 3: Salary information

If a person joins during the year, the AHV salary extrapolated for a full year (monthly salary x12 or x13) must be provided. The FUTURA Pension Fund will calculate the coordinated or insured salary.

Re point 4: Declaration of other pension relationships

The person to be insured must inform each of their pension funds about all of their other pension relationships. If the yes box is ticked, the FUTURA Pension Fund may ask the person to be insured to provide more detailed information.

Re point 5: Vested benefits

The previous pension fund must provide both the person to be insured and the new pension fund with a detailed leaving settlement as part of its statutory disclosure obligations.

The person to be insured is legally required to carry over all available funds into the new pension fund. This also includes vested benefits deposited with a recognised vested benefits institution (vested benefits account with a bank or the Substitute Occupational Benefit Institution, vested benefits policy with an insurance company).

Please provide us with the full address of the previous pension fund so that we can ask for the vested benefits to be transferred.

Abbreviations

LOB	Federal Law on Occupational Benefits
IV	Invalidity insurance
MV	Military insurance
AIA	Accident Insurance Act
VBA	Vested Benefits Act