Valitas Sammelstiftung BVG
Postfach, CH-8027 Zürich
www.valitas.ch

valitas
Sammelstiftung BVG

Entry Form (Employer)

Company

M F

Name | First name

Street/no.

ZIP code/town

Date of birth | SI number 756.

Marital status	single	married	divorced
	registered partnership	dissolved partnership	widowed
Dependants		yes	no

Plan/Category | Entry date*

Level of employment (%) | Inception date

Annual AHV salary | Employee number

*Entry until the 15th of a month: 1st of current month / Entry from the 16th of a month onwards: 1st of following month

Has the employee been accepted into or is the employee going to join:

a supplementary or an executive pension plan? **if so:** which one?	yes	no
an external occupational pension scheme? **if so:** which one?	yes	no
Is the insured person able to work full time upon entry?	yes	no

Not "able to work full time" upon inception date is a person:

- who cannot work because of health reasons,
- who receives daily allowances due to an illness or an accident or has already applied for insurance benefits,
- who already receives a disability pension,
- who cannot work according to his or her training because of health reasons.

Date | Employer's signature and stamp

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Entry Form (Employee)

Company

Name		First name	
Street/no.			
ZIP code/town			
Date of birth		SI number	756.
E-mail		Language	G F I E

Marital status	single	married	divorced
	registered partnership	dissolved partnership	widowed

Date of marriage/registered partnership

Name, first name, date of birth of Partner

Entry date	Inception date
Level of employment (%)	

Any vested benefits from previous pension funds have to be transferred to the Valitas Sammelstiftung BVG according to Article 60a BVV2.

Please ask your employer for a payment slip.

Have you ever made an advance withdrawal from a pension fund?	yes	no
Is there a pledge on your vested benefits?	yes	no
Are you fully able to work upon entry into the pension fund?	yes	no*
Do you receive a pension from the IV (disability insurance), the MV (military insurance) the UV (accident insurance) or from any other insurance or pension fund?	yes	no
If so: from which insurance company?	IV degree	%

***if not:** please complete the questionnaire on page 2.

Please return the completed form within 14 days to the Valitas Sammelstiftung BVG.

This document is a translation. In the event of a dispute, the German version shall prevail.

Date

Signature of the insured person

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Sammelstiftung BVG

Name/First name SI number 756.

Health Questionnaire

Since when is your ability to work restricted?

Have you been under medical supervision or treatment upon your entry? yes no

If so: why?

Since when?

Attending doctor*?

Do you currently take or have you been prescribed any medication? yes no

If so: what kind of medication?

For what reason?

Attending doctor*?

Have you been ill or have you had an accident or an operation in the last two years? yes no

If so: Because of what illness or injury?

When did the treatment take place?

Attending doctor*?

Was there a proviso or a supplementary premium in force for health reasons at your previous pension plan? yes no

If so: why?

Since when?

Pension scheme*:

*full name and complete address

A breach of the obligation to notify gives the right to rescind the contract as per Art. 6 of the Federal Insurance Contracts Act of 2 April 1908. The right to examine acceptance for contractual insurance benefits on the basis of a medical examination report remains reserved.

I hereby declare to have answered all questions on this form truthfully and completely. I authorise any person, institution or insurance company asked to pass on to Valitas Sammelstiftung BVG any relevant information with regard to risk assessment and entitlement to benefits. In addition to this, Valitas Sammelstiftung BVG is authorised to pass on data as required to insurance purposes to coinsurers, reinsurers and pension schemes to which I have belonged or do belong.

Please enclose all existing decisions and provisions.

Date Signature of the insured person