

Notice of enrolment

Company _____ Contract no. _____

Personal details of new entrant

Surname _____ First name _____

Date of birth _____ Social insurance no. 756. _____

Street/no. _____ Post code/city _____

Email _____ Phone _____

Gender ☐ M ☐ F

Language for correspondence ☐ D ☐ F ☐ I ☐ E

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed
☐ Registered partnership ☐ Legally dissolved partnership ☐ Partnership dissolved by death

Date of marriage / registration of partnership _____

Date of divorce/dissolution of partnership _____

Duty of maintenance ☐ Yes ☐ No

Enrolment data

Category _____ Entered company _____

Degree of employment _____ % Start of insurance _____

AHV annual salary CHF _____ Personnel no. _____

Will the person to be insured also be included in another pension scheme
(managers' pension scheme, supplementary pension scheme, etc.)? ☐ Yes ☐ No

If yes, which? _____

Capacity for work

Is the person to be insured fully able to work and/or employable at present and when the insurance begins? ☐ Yes ☐ No

If no: level of disability _____ % Since when? _____

Is the appointment the result of professional retraining by the Federal Disability Insurance (IV)? ☐ Yes ☐ No

According to the general framework regulations, any vested benefits from previous 1e pension relationships have to be brought into the Swisssanto 1e Collective Foundation. To enable the transfer, the "Transfer of vested benefits" form must be given to the current pension fund. The separate health questionnaire has to be completed and submitted by the person to be insured.

Place, date

Stamp and signature of company

* Please refer to the separate "Partnership Registration" form and "Declaration on distribution of death benefit" form for the applicable pension scheme.

Swisssanto 1e Collective Foundation
Office
P.O. Box
8152 Glattbrugg
043 210 19 01
1e@pfs.ch