

Registration

Employer		Contract no.		Group of people				
a	Commencement of insurance coverage	Surname First name	Private e-mail adress	Date of birth	Annual salary**	Language for personal statement (Ge, Fr, It, En)	Marital status	Fully fit for work (yes, no)
b	Insured number	Street Postcode, Place	Private mobile number*	Sex	Degree of employment in %		Date of marriage	Unfit for work for more than 4 weeks in the last 5 years*** (yes, no)
a								☐ yes ☐ no
b								☐ yes ☐ no
a								☐ yes ☐ no
b								☐ yes ☐ no
a								☐ yes ☐ no
b								☐ yes ☐ no
a								☐ yes ☐ no
b								☐ yes ☐ no

Signature	Place, Date	Signature Employer
The employer confirms that he has read the section entitled «Notes regarding registration»		

Notes regarding registration

Please arrange with the previous insurer the transfer of any vested benefits (www.telco.ch, Download centre, Tellco pk, Forms and changes, Admission, Health Transfer of Vested Benefits upon Change of Place of Employment).

* A private e-mail address or mobile phone number is required to send information such as the personal insurance certificate or documentation on the pension provider to the insured person in electronic form.

** Annual salary refers to the gross monthly salary multiplied by 12 or 13 months. This also applies in the case of policyholders who have joined during the course of the year.

*** Were you unable to work for a period of more than four weeks in the past five years due to an illness or accident?
If yes, please complete and return the «Health declaration» form (www.telco.ch, Download centre, Tellco pk, Forms and changes, Admission, Health declaration for group insurance).

Notes

Insurance cover

We acknowledge that this insurance cover depends on the accuracy of the declaration made here and that Tellco pk may withdraw from this insurance policy under statutory provisions if the information provided is incorrect. In particular, we have tagged with an X those persons who are

Capacity to work

A person shall be deemed as not being fully capable of gainful employment if, at the start of the insurance, he:

- is unable to work either full-time or part-time due to health reasons;
- receives daily allowances due to illness or accident;
- is registered with a state disability insurance scheme;
- receives a pension due to full or partial disability;
- is no longer able, due to health reasons, to be employed according to their level of training and education and their skills.

All other persons shall be deemed to be fully capable of gainful employment.

«Health declaration» form

The respective reinsurer will obtain additional information for:

- persons who are not capable of gainful employment, based on the aforementioned description, as well as
- persons for whom the additional benefits to be covered, either initially or in the event of a change, exceed certain limits.

If necessary, additional information may be obtained from a doctor or a medical examination may be requested. Any resultant costs shall be borne by the reinsurer

Insurance cover

The insurance cover shall be definitive and no provisos shall be applied to those persons who are not required to complete the «Health declaration» form. For other persons, the insurance cover shall be definitive and no provisos shall be applied in respect of:

- minimum benefits in accordance with compulsory employee benefits (BVG / LPP) insurance (insofar as insured);
- the benefits acquired with the vested benefits brought into the fund, provided they were insured without any restriction by the previous pension fund.

The insurance cover in respect of other benefits shall initially only be provisional. Tellco pk shall notify you in writing as to whether the insurance cover is granted in full or with a proviso (restriction). The insurance cover becomes definitive upon receipt of this notification.

Proviso

Tellco pk must be notified in writing by the person in question of any proviso applied at the previous pension fund within four weeks of entry into the fund, and all relevant documents must be provided.

Signature

Place, Date

Signature Employer