

Departure Notification / Registration for continuation

To be filled out by the previous employer

Employer		Contract no.	
Details about the departing person			
	☐ Mr	☐ Ms (for women also name before marriage)	
Surname			First name
Street			Postcode, Place
Insured no.			Marital status
Phone			Date of marriage
E-Mail			
Date of departure			☐ Departure due to: Premature retirement
Is the departing person fully able to work?			☐ Yes ☐ No
If «No» then please complete the absence notification electronically via www.tellico.ch .			

Signature	
Place, Date	Employer's signature

Registration for continued insurance (Article 47a OPA)

To be filled out by the departing person, if desired

Option available to individuals who leave the mandatory insurance scheme after they turn 58 **because their employment contract was terminated by their employer (please furnish evidence)** and who are not joining any new pension fund or for persons who receive a benefit from the Foundation for Flexible Retirement in the Construction Industry (FAR Foundation) or a similar collective agreement. The option of taking out continued insurance under Article 47a of the OPA is thus only possible if the reason for the termination of the employment relationship cannot be personally attributed to or blamed on the employee (except in the case of voluntary termination on the part of the employee, upon the expiration of a temporary employment relationship or if the employer and the employee conclude a termination agreement [and the contract was terminated on the employee's own initiative]). Continued insurance cover is not an option if Tellico pk does not receive the registration form no later than 30 days after the termination of the employment contract. The insured person finances the entire annual contribution (employer and employee contribution) for the continued insurance themselves. The contribution is tax-deductible. (cf. supplementary regulations on continued insurance after leaving the compulsory insurance scheme pursuant to Art. 47 BVG).

Requested continued insurance	☐ Savings and risk insurance	☐ Risk insurance
Signature		
Place, date	Insured person	

Departure Notification

To be filled out by the departing person

Surname		First name	
Employer		Contract no.	

Use of the departure payment

- If you remain subject to compulsory employee benefits insurance, we are obliged to transfer the vested benefits to the pension fund of your new employer. In this case we would ask you to complete section 1.
- If the vested benefits cannot be transferred to a new pension fund, please complete one of sections 2 – 4. If the vested benefits will be paid out in cash (section 4), you must complete and sign the «Application for cash payment / transfer» form.
- If we do not receive any instructions regarding the use of the vested benefits, we will transfer the vested benefits to the Tellco Vested Benefits Foundation (for amounts exceeding CHF 20,000) or to the National Substitute Pension Plan at the earliest six months after the date of issue of the vested benefits statement.

1 The departure payment should be transferred to the new pension fund.

Please attach a deposit slip for the new pension fund.

New employer			
Street		Postcode, Place	
New pension fund			
Street		Postcode, Place	
Bank / Post			
IBAN		Postcode, Place	

2 The departure payment is to be transferred to a vested benefits account at Tellco Vested Benefits Foundation (www.tellco.ch).

You can open the account directly online with the Tellco web-app within a few minutes and benefit from a preferential interest rate as well as numerous other investment.



3 The departure payment is to be transferred to a vested pension benefits account of another pension fund.

Please attach a copy of the application form for the opened vested pension benefits account and a deposit slip for the new pension fund.

Pension fund			
Bank / Post		Postcode, Place	
IBAN			

4 The departure payment is to be made in cash.

In this case you should please also complete the «Application for cash payment / transfer» form.

Signature

Place, Date

Signature of the departing person

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