

## Registration

**Employer**  **Contract no.**  **Category**

Commencement of insurance coverage	Surname/First name	Sex	Insured number	Date of birth	Annual salary*	Level of employment in %	Language for personal ID (Ge, Fr, It, En)	Marital status	Date of marriage	Fully capable of working		Unable to work for more than 4 weeks in the past 5 years? **	
										Yes	No	Yes	No

The employer confirms having read the «Notes to the registration form».

Place, Date

Signature Employer

## Explanations about the registration

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If there are vested benefits, please instruct the previous insurer to transfer the vested benefits (www.pkpro.ch, Downloads, Affiliation documents, Transfer of Vested Benefits upon Change of Place of Employment).

- \* «Annual salary» refers to the gross monthly salary multiplied by 12 or 13 months. This also applies for insured who joined during the course of the year.
- \*\* Were you unable to work for a period of more than four weeks in the last five years due to illness or accident? If yes, please complete the health questionnaire (www.pkpro.ch, Downloads, Changes, Health declaration) and send it to us at the same time.

### Notes

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#### Ability to work

A person is not fully employable, who at the beginning of insurance

- cannot work full-time or part-time for health reasons
- receives daily allowances as a result of illness or accident
- is registered with a state disability insurance
- receives a pension due to complete or partial disability
- for health reasons can no longer be employed according to their training and capabilities.

All other persons are completely able to work.

#### Form (questions of the reinsurer)

The respective reinsurer will obtain detailed information for:

- the person not fully able to work according to the above description and
  - persons whose payments initially or in case of a change exceed the payments to be insured
- If necessary, additional information can be obtained from a doctor or a doctor's examination can be requested. The resulting costs will be borne by the reinsurer.

#### Insurance protection

We acknowledge that the insurance protection depends on the correctness of the declaration made here and that in case of incorrect details, pension fund pro can, in the course of the legal provisions, cancel the insurance. In particular, we have identified persons who are not completely able to work with an X. For more details about insurance protection, see below.

#### Insurance protection

The insurance protection is definitive and without reservation for those persons for whom no «questions from the reinsurer» are required. For other persons, the insurance protection is definitive and without reservation for

- the minimum payments according to LOB (insofar as insured)
- the payments acquired with a vested pension benefit brought along, insofar as they were insured without reservation by the earlier pension fund.

For other payments, insurance protection is initially only provisional. pension fund pro will inform

you in writing whether the insurance protection is normal or can be granted with a reservation (limitation). With this communication, the insurance protection is definitive.

#### Reservation

A health reservation at the previous pension fund must be reported to pension fund pro by the affected person within four weeks after entry in writing and with all relevant documents.

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Place, Date

Signature Employer