

Registration with Liberty BVG Collective Foundation

Employer	Contract N°	Name	Postale code, place	
Client	Start of insurance	Insurance number (AVS)	Sex <input type="checkbox"/> m <input type="checkbox"/> f	Category
	Name/first name	Street, N°	Postale code, place	
	Civil status	Date of marriage/date of divorce	Date of birth	Language <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> E
	Annual salary (including Bonus)	of which bonus	Degree of employment %	Full capacity of work <input type="checkbox"/> yes <input type="checkbox"/> no*
	Start of insurance	Insurance number (AVS)	Sex <input type="checkbox"/> m <input type="checkbox"/> f	Category
	Name/first name	Street, N°	Postale code, place	
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	Civil status	Date of marriage/date of divorce	Date of birth	Language <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> E
	Annual salary (including Bonus)	of which bonus	Degree of employment %	Full capacity of work <input type="checkbox"/> yes <input type="checkbox"/> no*

Please attach a copy of the termination statement(s) from your prior pension institution(s).

* If you answered "no" to this question or if you have had to take more than 4 weeks' leave on grounds of illness or an accident in the last 5 years, please fill in the health declaration form and send it to us with this document.

Comments

Insurance coverage

We acknowledge that coverage is subject to the accuracy and completeness of the information provided in the attached declaration and that, in case of inaccurate or incomplete information, Liberty BVG Collective Foundation is entitled by law to withdraw from the insurance. Persons who do not enjoy their full capacity for work have been marked with an X. For further details concerning the insurance coverage, please see the next page.

Signature

Place, date

Signature Foundation / Employer

Fact Sheet “Notes to the registration form”

Capacity for work

Persons who do not have their full capacity for work are persons who, at the start of the insurance:

- are on full-time or part-time leave from work on health grounds;
- are drawing daily allowances following illness or an accident;
- are registered with a public disability insurance;
- are drawing a full or partial disability pension, following illness or an accident;
- can no longer complete their training on health grounds and whose skills cannot therefore be fully employed.

All other persons qualify as having full capacity for work.

Additional information for the reinsurer

The reinsurer requires additional information concerning:

- persons who do not have full working capacity as defined above; and
- persons who apply for initial benefits or for subsequent increases in benefits exceeding certain limits.

Where necessary, information may be requested from a doctor, or the employee may be required to undergo a medical examination. The corresponding costs shall be for our account or for the reinsurer.

Insurance coverage

Insurance coverage is definitive and without reserves for persons who are not required to provide additional information to the reinsurer.

For all other persons, coverage is definitive and without reserves with respect to

- minimum BVG benefits (provided such benefits are insured);
- benefits deriving from transfers of vested termination benefits, provided such benefits were not subject to exclusions or reserves decided by the previous pension institution.

For all other benefits, coverage is at first only provisional. The Liberty BVG Collective Foundation will notify you in writing if full coverage is granted, or if coverage is subject to reserves or exclusions. Coverage is definitive upon such notification.

Exclusions

Employees shall notify any medical exclusion decided by the previous pension institution to the Liberty BVG Collective Foundation in writing, together with the relevant documentation, at least four weeks before joining the Foundation.
