

Registration form for continued insurance in the event of loss of employment after reaching the age of 58

Details of insured person

Employer	_____	Contract No.	_____
Surname	_____	First name	_____
Street	_____	Postcode/Town	_____
Date of birth	_____	Material status/Date	_____ / _____
E-Mail	_____	Phone	_____

Continued insurance after loss of employment (according article 47a LOB)

You have already reached the age of 58, continue to be insured under AHV and your employment relationship has been terminated by the employer. You would like to continue your **pension provision with the pension fund** and inform us no later than one month after termination of your employment relationship (end of obligation to contribute). The continued insurance is possible until reaching normal retirement age at the latest. Did the continued insurance last more than two years the benefits must be drawn in form of a pension and the termination benefit can no longer be drawn for owner-occupied residential property or pledged. The following provisions of the regulations are reserved, which provide the payment of the benefits only as a lump sum.

Level of insurance and salary data

Continued insurance valid from (date): _____

Insured salary: as before or CHF _____ (annual salary)
Has to be lower than the previous salary and higher than the LOB entrance threshold of CHF 22'050 (state 2024)

- Continuation of **risk insurance** only: **risk contributions** and administrative costs are due
- Continuation of **risk and retirement insurance:** **risk and saving contributions** as well as administrative costs are due

Confirmation

I hereby confirm that I wish to continue the insurance in accordance with article 47a LOB and the information stated above and have read the leaflet «voluntary continued insurance in the event of loss of employment after reaching the age of 58». In addition, I am aware that I have to pay 100% of the contributions to be paid myself. I also acknowledge that the foundation may terminate the continued insurance with immediate effect in the event of outstanding contributions. The calculation of the termination benefit (termination statement) is based on the date up to which the savings contributions were paid. The insurance coverage ends on the date of written notice of termination.

Date

Signature of insured person