

# Application for Continued Insurance in Accordance with Art. 9 of the General Framework Regulations/ Art. 47a BVG

## Employer

Company \_\_\_\_\_ Contract no. \_\_\_\_\_  
Relates to  Basic pension coverage  Supplementary pension coverage

## Insured person

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Street/no. \_\_\_\_\_ Zip code/  
town or city \_\_\_\_\_  
Date of birth \_\_\_\_\_ SV no. \_\_\_\_\_

## Annual AHV salary

Annual AHV salary, CHF \_\_\_\_\_ Valid from \_\_\_\_\_ Degree of employment \_\_\_\_\_ %

## Continuation of insurance

Valid from \_\_\_\_\_

- Continuation with risk but without savings contributions  
 Continuation with risk and savings contributions

## Confirmation

By signing this form, the insured person confirms that his/her employment relationship has been terminated by his/her employer. In addition, he/she is aware that:

- The registration for continued insurance must take place within 30 days after the end of the employment relationship.
- The regulatory employee and employer contributions (including contribution toward administrative costs) must be paid by the insured person in full. Contributions are charged on a monthly basis.
- If the period of continued insurance has lasted for more than two years, an advance withdrawal or pledge for home-ownership purposes is no longer possible and the retirement benefits must be drawn as a pension.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the insured person

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