



# Application

Contract no. .... / .....

**Employer** Name and location

**Insured person** Last name First name Insured person number

Street, postcode, and town Date of birth Sex

Email address Phone no.  m  f

**Marital status**  single  married  divorced  widowed  
 registered partnership  partnership dissolved by a court  partnership dissolved due to death

**Language**  German  French  Italian  English

**Details of the pension insurance relationship** Start date of pension insurance relationship (dd.mm.yyyy) Annual salary in CHF % of full-time working hours

Plan name/category

**Capacity for work** Fully fit to work  Yes  No

For persons who are not fully fit for work, the form "Supplement to the application" must be completed (for the definition of incapacity for work see ["Details on the application form"](#)).

**Remarks**

**Person submitting notification on behalf of the employer**  
**Insurance coverage** We are aware that this insurance coverage depends on the accuracy of the information given above and that, pursuant to the statutory provisions, AXA can withdraw from the insurance contract if information contained herein proves incorrect. For more information on the insurance coverage provided see ["Details on the application form"](#).  
**Capacity for work** We confirm that the person for whom "Yes" has been checked above is fully fit for work at the start of the insurance relationship.

Date Last name First name

Email address

**Send to** formsservice.bvg@axa.ch

or to:  
AXA  
P.O. Box 300  
8401 Winterthur

## Details on the application form

### Ability to work

A person is not considered to be fully fit for work if, at the beginning of the insurance, he/she

- must be absent from work, partly or fully, for reasons of health,
- receives daily allowances due to sickness or accident,
- has filed a claim with a federal disability insurance,
- receives a pension for full or partial disability,
- can no longer be employed in a manner suitable to his/her education or abilities for reasons of health.

All other persons are considered to be fully fit for work.

### The form “Supplement to the application”

The form “Supplement to the application” is to be submitted for all persons who are not fully fit for work.

A “Supplement to the application” must also be submitted for those persons whose initial or, in case of changes, additional benefits to be insured exceed certain limits. AXA will notify you about these persons accordingly.

Inclusion in the insurance may depend on the results of a physical examination or information provided by a doctor. We bear the corresponding costs.

If the insured person refuses to participate in any parts of the medical examination, the benefits for the risks of disability and death will be reduced to the minimum defined in statutory provisions.

### Insurance coverage

Insurance coverage is **definite and without reservation** for all persons who require no “Supplement to the application”.

For all other persons, coverage is **definite and without reservation** for

- the minimum benefits in accordance with the BVG/LPP, provided these are insured, as well as for
- benefits which are funded with vested benefits transferred into the plan, to the extent that these benefits were insured with the previous occupational benefits institution without reservation.

Insurance coverage remains **provisional** for the time being for the other benefits. We will inform you in writing if normal pension coverage applies, if a proviso (restriction) has been effected, or if coverage has been excluded in full.

### Total pension plan coverage

Insured persons must inform each of their occupational benefits institutions about their total pension plan coverage if the sum of all their salary and income subject to AHV/AVS contributions is more than ten times the upper BVG/LPP limit.