

Registration addendum

Zurich will generally admit you into an occupational pension plan without a medical examination. In super-mandatory plans, however, Zurich can apply certain restrictions if you have a pre-existing medical condition.

1 Personal details

Name of employer	AHV number
Contract number	Last name, first name
	Date of birth

2 Health

2.1 Do you feel healthy? Yes No

If not, for which reason/which diagnosis? Since when? Physician, hospital, address?

2.2 Do you have any medical conditions that currently affect your ability to work or are likely to affect your ability to work in the next two years? Yes No

If yes, for which reason/which diagnosis? Since when? Physician, hospital, address?

2.3 Did your previous pension fund impose a risk surcharge or a restriction due to a pre-existing medical condition? * Yes No

*** Documents required:** Copy of the restriction statement and the most recent pension certificate.

2.4 Have you been examined or treated by a physician, psychologist or therapist in the past five years? Yes No

If yes, for which reason/which diagnosis?	When?	Duration?	Completely healed?	Physician, hospital, address?

2.5 Do you plan to see a doctor, stay at a health spa or hospital, or undergo outpatient surgery? Yes No
If yes, why? When? Physician, hospital, address?

3 Authorization and confirmation

I acknowledge that Zurich processes data relating to natural persons (personal data) in connection with the conclusion and execution of the contract and for other purposes. More information on this processing can be found in the privacy policy of Zurich. This privacy policy can be accessed at www.zurich.ch/data-protection or obtained by contacting Zurich Insurance Company Ltd, Dataprotection, PO box, 8085 Zurich, datenschutz@zurich.ch.

Zurich reserves the right to disclose personal data – including health data if applicable – to third parties in this context and in the other cases mentioned in the privacy policy.

By submitting this declaration, I expressly agree that pre-insurers, co-insurers and reinsurers, other private and social insurers and other offices within Zurich, official bodies and other third parties provide Zurich with relevant information in connection with risk, benefit and claims checks, for combating abuse and for the performance of the insurance contract relationship, in particular about the claims history and about previous or parallel insurance policies and benefits. This is necessary for the preparation or execution of the insurance contract relationship. Health data from medical service providers (e. g. doctors or laboratories) may also be collected. I release in this case all these bodies from any obligation of confidentiality even after death.

I undertake to inform third parties whose personal data he/she provides to Zurich about the processing of their personal data by Zurich.

By signing this form, I confirm that I have answered the questions completely and truthfully. The pension plan and Zurich can deny benefits if I provide incorrect information.

Place, date

Signature

4 Additional information

- Send us this form within ten business days.
- Restrictions for pre-existing conditions apply for five years at most. If restrictions have already been imposed, the pension plan will adopt them and credit the elapsed time to your account with us.

Zurich Switzerland
Scanning BVG
P.O. Box
8085 Zurich
Phone 0800 80 80 80, www.zurich.ch