

Application to join the occupational benefits fund

Name of company _____

Member

Surname and first name _____

Social insurance no. _____

Date of birth _____ Sex female male

Language English German French Italian

Address _____

Married

Registered partnership

Divorced

Reg. partnership dissolved

Single Widowed

Members may register their life partners (same sex or opposite sex) with GEMINI Collective 1e . The respective statement of beneficiary is available at www.gemini.ch/1e

Personal pension details

Group of persons Executive pension scheme 1e

Date of entry into occupational benefits fund (day, month, year) _____

Date of entry into company (day, month, year) _____

Estimated OASI salary extrapolated to a full year CHF _____

Level of employment in % _____

Fully fit for work upon entry into the fund Yes No

Coordination with disability insurance (IV) Draws an IV pension
 Currently being assessed by IV

Confirmation by employer

Place / date _____

Signature _____