



ptv cpat

Pensionskasse der Technischen Verbände  
SIA STV BSA FSAI USIC

Caisse de Prévoyance des Associations Techniques  
SIA UTS FAS FSAI USIC

Postfach 1023 | 3000 Bern 14

## Personal application for affiliation

Company No.: \_\_\_\_\_ Member No.: **(leave blank)** \_\_\_\_\_

Employer: \_\_\_\_\_

Person responsible: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street/No.: \_\_\_\_\_

Post Code/Place: \_\_\_\_\_ / \_\_\_\_\_

Tel./Fax: \_\_\_\_\_ / \_\_\_\_\_

Professional association:  SIA  STV  BSA  FSAI  USIC  SwissTnet

Offer No.: \_\_\_\_\_

### Person to be insured

Starting date of insurance: (1st/16th of a month) \_\_\_\_\_

Category of persons (PK): \_\_\_\_\_ Language: \_\_\_\_\_

Surname/First name: \_\_\_\_\_

Home address: \_\_\_\_\_ Place: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  male  female

AHV-No.: 756. \_\_\_\_\_

Civil status: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Self-employed:  New affiliation  main occupation  secondary occupation  none

For self-employed: Voluntary BVG membership  Yes  No

### Salary details

Relevant AHV annual salary: CHF \_\_\_\_\_ Insured salary: CHF \_\_\_\_\_  
(extrapolated to a full year)

Degree of employment: \_\_\_\_\_ %

### Insurance plan (complete only for new company affiliations or changes to the existing plan)

**Contribution plan** (a selection of plans is set out below; further plan variants are available on request from the business office)

Standard plan with constant savings contributions (e.g. 10/12/14/16/18/20%): \_\_\_\_\_ %

Standard plan with rising savings contributions

6/8/11/13%  8/10/12/14%  10/12/14/16%

BVG plan – upper limit on insured salary  yes  No

7/10/15/18%  8/11/16/19%

Risk plan (only for persons in the 18 to 24 age group)

**Employer's contribution share:** \_\_\_\_\_ %

**Coordination deduction depending on degree of employment:**  Yes  No

**Waiting period for disability pension:**  6 months  24 months\*

\*BVG2, Art. 26: This is possible only if the health insurance daily allowance amounts to not less than 80% of the salary and at least one-half of the daily allowance insurance is co-financed by the employer.

**Supplementary insurance:** Minimum disability pension as % of

AHV gross annual salary  Insured salary Amount:  30%  40%  50%  60%

### Employer's confirmation

Place and date: \_\_\_\_\_ Employer's signature: \_\_\_\_\_

**TO BE COMPLETED AND SUBMITTED BY THE PERSON TO BE INSURED**

**Confidential declaration**

1. Are you in good health and fully fit for work at present?  Yes  No  
If not, why not? \_\_\_\_\_

2. Have you required medical and/or psychological treatment in the past five years?  Yes  No  
If yes, why? \_\_\_\_\_

Have you needed to take pharmaceuticals regularly during the last five years?  Yes  No

Name and address of the persons giving treatment (physicians): \_\_\_\_\_

3. Have you needed to interrupt your professional activity for more than 10 days in the past five years or to change your occupation for health reasons?  Yes  No  
If yes, why? \_\_\_\_\_

Name and address of the persons giving treatment (physicians): \_\_\_\_\_

4. Is there a medical reservation for current insurance benefits?  Yes  No  
If yes, with which benefit scheme and why? \_\_\_\_\_

5. Are you receiving disability benefits at present?  Yes  No  
Have you drawn disability benefits in the past?  Yes  No  
If yes, when and why? \_\_\_\_\_

Have you registered with the Federal Disability Insurance (DI) or accident insurance scheme with a view to drawing benefits?  Yes  No

DI/UV office responsible: \_\_\_\_\_  
Pension fund responsible: \_\_\_\_\_

6. Have you made early withdrawals from a 2<sup>nd</sup> pillar benefit or vested benefit scheme for home ownership purposes and not yet repaid this sum?  Yes  No

If yes: Amount of the early withdrawal: \_\_\_\_\_ Date: \_\_\_\_\_

- mortgaged?  Yes  No

If yes: mortgaged amount: \_\_\_\_\_ Date: \_\_\_\_\_

Name of mortgage creditor: \_\_\_\_\_

7. In the past three years before joining our pension fund, have you made one-off contributions to an occupational pension scheme or received such contributions from your employer?

Yes  No

If yes: Amount paid in: \_\_\_\_\_ Date: \_\_\_\_\_

|                      |                         |
|----------------------|-------------------------|
| 8. Previous employer | Previous benefit scheme |
| Name and address     | Name and address        |

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The official doctor of the SIA STV BSA FSAI USIC Technical Associations' pension fund (PTV) is authorised to procure information about the state of health of the person to be insured on joining the insurance scheme. In this connection, the person to be insured releases all the treating persons (physicians, psychotherapists, chiropractors) and medical institutions from professional secrecy and all other insurance companies from their duty of discretion. The validity of the insurance relationship depends on the accuracy of the information provided. Incorrect information may cause the PTV to decline to provide benefits or reduce them to the BVG minimum.**

Place and date: \_\_\_\_\_ Signature of the person to be insured: \_\_\_\_\_

\_\_\_\_\_  
Name in block capitals: \_\_\_\_\_