

## APPLICATION FOR VOLUNTARY CONTINUED INSURANCE (ART. 47A BVG)

### 1. Personal Details

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street, No: \_\_\_\_\_ Postcode, City: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Civil Status: ☐ single ☐ married  
☐ divorced ☐ widowed  
☐ registered partnership  
Ins. Number: \_\_\_\_\_ Gender: ☐ Man ☐ Woman  
Tel. P: \_\_\_\_\_ Tel. M: \_\_\_\_\_ E-mail P: \_\_\_\_\_

### 2. Additional Information required

Are you currently fully able to work? ☐ Yes ☐ No

### 3. Last Employer

Company: \_\_\_\_\_ Connection No: \_\_\_\_\_  
Street, No: \_\_\_\_\_ Postcode, City: \_\_\_\_\_

### 4. Date of Continued Insurance

End Date of Previous Employment Contract: \_\_\_\_\_  
Continued insurance begins directly after the previous employment contract (at the earliest on 1.1.2021).

### 5. Type of Continued Insurance

- ☐ Exclusively Risk Benefits (Disability and Death) (Minimum Variant)  
☐ Risk Benefits and Half of Previous Retirement Benefit (Savings Contributions) (Medium Variant)  
☐ Risk Benefits and Full Previous Retirement Benefits (Savings Contributions) (Previous Variant)

### 6. Enclosures

In order to process your voluntary continued insurance, we need the following documents. Please also send them to us online or by post.

- Copy of employer's termination notice
- Copy of passport / identity card

### 7. Change of continued insurance (To be filled in only if updated after initial registration)

- ☐ Please update my voluntary continued insurance to 1 July \_\_\_\_\_ in accordance with point 5

The continued insurance type can be updated annually on 1 July (cut-off date: 31 May).

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### 8. Comments

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### Note

By signing below, you, as the insured person, confirm that you have read the Information Sheet "Voluntary Continued Insurance (Art. 47a BVG)". (Available at [www.alvoso-pensionskasse.ch/documents](http://www.alvoso-pensionskasse.ch/documents).)

Please note also that you are liable to pay contributions once you have registered and that you alone are responsible for paying all of the contributions required (administrative costs, risk contributions and any savings and reorganisation contributions). If the obligations entered into are not met on time, Alvoso may terminate the insurance in accordance with Art. 53 para. 8 Annex III Pension Regulations.

Place and Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

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