

CONFIRMATION OF CIVIL PARTNERSHIP

(to be completed by the insured person)

Company: _____ Connection No: _____

1. Personal Details of Person to be Insured

Last Name: _____ First Name: _____
Ins. Number: _____ Date of Birth: _____

Life Partner

Last Name: _____ First Name: _____
Ins. Number: _____ Date of Birth: _____

Joint Household since: _____ (at least five years)

Address of Joint Household: _____

2. Eligible Civil Partnership

Confirmation of Civil Partnership

The undersigned confirms the existence of a civil partnership giving rise to entitlement in accordance with Art. 41 of the Pension Fund Regulations.

Confirmation of Joint Household

The insured person confirms that they live in a joint household with their partner or that they have one or more joint children with their partner. The insured person confirms that they are not related to their life partner.

Confirmation of Beneficiary

The insured person acknowledges that in the event of their death, their life partner will be the beneficiary under the provisions of the Basic Regulations. In particular, the existence of a beneficiary in this context requires that a life partner's pension is insured and that at the time of death there is a qualifying life partnership in accordance with the Basic Regulations (see below).

Civil Partnership Giving Rise to Entitlement (Pension fund regulations art. 41)

A qualifying civil partnership exists if, at the time of the death of the insured person, both partners are unmarried and there are no legal reasons (Art. 96 of the Civil Code) other than same-sex status that would have prevented them from marrying, and

- a.
- b. both partners have lived in a joint household for at least five years without interruption before the death of the insured person or there is a maintenance obligation for a child living in the joint household and
- c. the insured person has notified the pension fund in writing of the eligible life partner during their lifetime.

A qualifying civil partnership is also possible between partners of the same sex.

Place and Date:

Signature of Person to be Insured:

Signature of Life Partner

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