Baloise Insurances

Application for insurance outwith the BVG

Contract no. .....

To be completed by the policyholder (foundation) or the employer

1. a) Surname .....

   b) First name .....

   c) Date of birth (day, month, year) .....

   d) Gender ☐ male ☐ female

   e) civil status
   Is the person to be insured married? ☐ yes, since (date): ..... ☐ no

   Is the person to be insured living in a registered partnership? ☐ yes, since (date): ..... ☐ no

   f) If not married, are there any legal dependants? ☐ yes ☐ no

   g) Profession, occupation .....

   h) Address: Street .....

   Postal code, Town .....

   i) Old AHV-No.: ☐☐☐—☐☐—☐☐☐—☐☐☐ New AHV-No.: ☐☐☐-☐☐☐☐-☐☐☐☐-☐☐

   k) Language for documents ☐ German ☐ French ☐ Italian ☐ English

2. a) Is the person to be insured fully able to work? ☐ yes ☐ no, reason: .....

   b) Is the person to be insured in receipt of benefits from IV, MV or UVG and/or from an employee benefit institution or are claims pending? ☐ no ☐ yes (If yes, please enclose confirmation of pension)

3. a) Date of joining service (day, month, year) .....

   b) Date insurance begins (1st day of a month) .....

   c) Annual salary to be insured CHF .....

4. a) Extra-compulsory withdrawal benefit to be taken into account (portable credit benefit) CHF .....

   b) Name and address of the former employee benefit institution: (If extra-compulsory withdrawal benefits are available please attach to this application form a copy of the withdrawal benefit settlement) .....

   .....

Place and Date

Seal and signature of the policyholder (foundation) or employer

....., ...

☐ Please send a further supply of forms

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To be completed by the person to be insured

Marks or strokes are not acceptable as answers

6. a) Do you consider yourself to be completely healthy? .....

   b) Are you suffering from an illness or the consequences of an illness, operation or accident? .....

   (if yes, exact details, since when? Name and address of attending doctor)? .....

   c) Have you interrupted work in the last 5 years for more than 4 consecutive weeks on medical grounds? .....

   d) Which other illnesses or operations have you had in the last 10 years? .....

   (exact details, date, name and address of attending doctor) .....

   e) Do you suffer from a physical disability? (if yes, which?) .....

   f) Have you undergone a cure at a sanatorium or elsewhere? .....

   (if yes, which and when?) .....

7. Who is your family doctor? .....

   (Name and address) .....

8. What is a) your height? b) your weight? a) ..... cm b) ..... kg

9. Were you insured under a medical reservation in your former employee benefit institution (benefit exclusion, benefit limitation or benefit restriction, premium supplement)? .....

   (If yes, please give date of medical reservation) .....

Confirmation

("Baloise" hereafter refers to the Baloise Insurance Company, the Baloise Life Insurance Company, the Baloise Collective Foundation for Compulsory Occupational Welfare Provision, the Baloise Collective Foundation for Non-Compulsory Occupational Welfare Provision and the Trigona Collective Foundation for Compulsory Occupational Welfare Provision).

I hereby confirm that I have understood and answered all questions truthfully, accurately and completely. I duly note that I must provide notification of any change in my health until completion of the risk assessment. I understand that, if any answers to the respective questions are incomplete and inaccurate, this can result in a reduction or refusal of insurance coverage, even if the answers have been supplied by another person (Art. 4 ff. VVG). I authorize the Baloise to collect all information required to process this application, fulfill the contract (including claims for benefits) and continuously optimize market services. In particular, the Baloise may:

- Convey information regarding reinsurers and co-insurers, and other parties involved both in Switzerland and abroad, as well as to companies in the Baloise group for data processing;
- Contact and request access to relevant information/files from medical treatment providers (doctors, chiropractors, psychologists, persons providing services prescribed or ordered by doctors, laboratories, hospitals, out-patient clinics, nursing homes), as well as social (AHV, IV, UVG and KVG) or private insurers, pension funds, government offices, employers, and third party providers of applicable information;
- Convey personal data, including health records, to other insurance sections within the Baloise Group for verification of insurance applications in those sections.

This authorization remains valid irrespective of whether the insurance contract is concluded or not.

The companies belonging to the Baloise listed at the beginning of this document shall provide each other and the Bâloise Bank SoBa AG and Bâloise Asset Management Switzerland Ltd. access to their databases. This data may also be used within this group of companies for marketing purposes. I am aware of my right to notify and refuse the Baloise permission to use this data for marketing purposes (Baloise Insurance Company, Customer Service Center, Aeschengraben 21, B.O. Box 2275, 4002 Basel).

I also have the right to request the Baloise to provide me with any information required by law in regard to processing my data/documentation.

Place and Date

Signature of the person to be insured:

....., ...

Not to be completed

Abbreviations

BVG Federal Law on Occupational Retirement, Survivors' and Disability Benefit Plan.

IV Federal Law on Disability Insurance

MV Federal Law on Military Insurance

UVG Federal Law on Accident Insurance

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