

Continuation of insurance cover under Art. 47a LOB – Update/Cancellation

Company _____
 Policy no. _____
 Plan _____

Name	_____	First name	_____
Street/no.	_____	Postcode, town/city	_____
NI no.	756. _____	Date of birth	_____
Telephone	_____	Email	_____

Update: I would like to modify my continued insurance cover as follows:

- Switch to risk cover only as of _____^A
 Switch to risk cover and saving as of 01.07. _____^A

^A Switching to risk cover only is possible on a monthly basis, provided contributions have not yet been paid. Savings may be resumed as of 01.07 each year but the Foundation must be notified of this by 31.05.

Complete cancellation: I would like to cancel my continued insurance cover:^B

- Retirement^C as of _____
 Opening a vested benefits account^D as of _____
 Full switch to a new pension fund^D as of _____

Partial cancellation: I am starting a new job and would like to modify my continued insurance cover

- Partial switch to a new pension fund as of _____
 The maximum purchase amount of the new pension fund is^E CHF _____
 Continuation of the remaining part as of _____
 Cancellation of the remaining part: as of _____
 Retirement^C
 Opening a vested benefits account^D

^B Continued insurance cover can be cancelled with effect from the end of each respective month.

^C Please also fill in the 'Notification of retirement' form.

^D Please also fill in the 'Notification of termination of employment' form.

^E Please send us confirmation of the purchase amount of your new pension fund.

Place and date

Signature