

Form for insured persons

**Application for voluntary continued insurance with SVE from the age of 58** (art. 8 para. 1<sup>bis</sup> and Appendix 3b of the Pension Fund Regulations)

Insured persons who leave the SVE after the age of 58 because their employment relationship has been terminated by the employer may continue to be insured with the SVE. Insurance can be continued either on the basis of the **current insured salary** or on the basis of a **lower insured salary**; it can either include **provision for retirement and risk insurance** or **risk insurance only**. This fully completed and signed form must be submitted to Sulzer Vorsorgeeinrichtung, Postfach, 8401 Winterthur, **together** with **proof of termination by the employer, no later than 1 month after** termination of the working relationship.

**Personal details**

Name / First name	Employee no.
Address	
Tel. (private)	E-mail (private)
Termination of last employment relationship (DD.MM.YYYY)	Employer

**Application**

Scope of continued insurance

I apply for the following scope of continued insurance:

- Retirement provision and risk insurance (death and disability). I undertake to pay all employee and all employer contributions, i.e. savings and risk contributions, as well as contributions to administrative costs.
- risk insurance only (death and disability). I undertake to pay all employee and all employer contributions, i.e. risk contributions as well as contributions to administrative costs.

Insured salary

I apply for the following applicable annual salary to determine the insured salary:

- current annual salary
- lower annual salary: CHF (min. CHF 21'510.00; status 2021)

Savings plan

I apply for the following savings plan:

- Basic Plan
- Comfort Plan
- Super Plan

**Important notes**

For the duration of the continued insurance, voluntary insurance cannot be changed; excepted are the annual change of savings plan and modifications to legal and regulatory provisions.

For the duration of the continued insurance, regulatory rights and obligations shall continue to apply.

Should the duration of the continued insurance exceed two years, the insurance benefits must be withdrawn in the form of a pension.

**Signature**

With my signature, I confirm that the information provided is correct and that I have understood the content of this form.

Place / Date

Signature