Tellco pk
Bahnhofstrasse 4
P.O. Box
CH-6431 Schwyz

t +41 58 442 50 00
info@tellcopk.ch
tellco.ch

Application / Health declaration for group life insurance

Employer **Contract no.**

Details of the person to be insured

☐ Mr ☐ Ms

Surname First name

Street Postcode, Place

Telephone e-mail

Date of birth Insured no.

Prof. activity / function

AHV (OASI) annual salary (for a full calendar year) CHF Degree of employment (%)

Marital status ☐ Single ☐ Married ☐ Widowed Date of marriage / registration of partnership

☐ Separated ☐ Divorced Date of dissolution of partnership / divorce

Support obligations ☐ Yes ☐ No Covered by UVG (AIA) ☐ Yes ☐ No

Reason for application

☐ Admission to the foundation ☐ Increase in benefits ☐

per date

Only to be answered in the event of new admissions to the foundation.
Is the employment as a result of retraining measures under the Swiss Federal Invalidity Insurance (IV)? ☐ Yes ☐ No

Working capacity

Is the person to be insured fully capable of work? ☐ Yes ☐ No

If no, Degree of incapacity for work (%) Since when?

Has the person to be insured applied for benefits from a social security institution (IV, AI, military insurance (MV) or from another insurance company? (If decision available, please enclose.) ☐ Yes ☐ No

If yes, from which one / s?

The person to be insured and the policyholder confirm that the information provided is accurate and complete.

Place, Date Signature of the person to be insured

Please note: The reverse side must be completed and signed by the person to be insured.

Place, Date Signature of the employer*

* Only required if no separate application is being made.

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Health declaration

1. Height in cm _____ Weight in kg _____
2. Do you currently take or have you been prescribed any medication? ☐ Yes ☐ No
   If yes, from _____ to _____
   What kind of medication and and why? _____
   Doctor (full address) _____
3. Do you take or have you ever taken any narcotics (drugs) or other addictive substances? ☐ Yes ☐ No
   If yes, from _____ to _____ what kind? _____
4. Have you taken an AIDS test which showed a positive or potentially positive result? ☐ Yes ☐ No
   If yes, when? _____
5. Do you suffer or have you, in the past 5 years, suffered from any physical, psychological or mental illness, impairment or disorder?
   Do you suffer from the consequences of an accident, an illness or an infirmity? ☐ Yes ☐ No
   If yes, what kind? _____

Type of illness / accident / infirmity, treatment, examinations	From	To	Duration of incapacity for work	Treating physician or hospital (incl. full address and hospital department)

Swiss Mobiliar* reserves the right to examine a relevant medical report prior to admitting the person to be insured to the contractual insurance benefits.

Previous employee benefits coverage (to be filled in only in case of new admission to the employee benefits institution)

Was there a proviso or a supplementary premium in force for health reasons at the previous employee benefits institution? ☐ Yes ☐ No

If yes, since when? _____ Reason _____

Previous employee benefits institution (incl. address) _____

Please enclose the certificate of the previous employee benefits institution showing the death and disability benefits insured.

Have any claims to employee benefits or to vested benefits ever been pledged? ☐ Yes ☐ No

If yes, to whom? _____

Has any full or partial advance withdrawal of vested benefits been made? ☐ Yes ☐ No

If yes, when? _____ CHF _____

Declaration regarding the obligation of disclosure and data protection

I hereby declare to have answered all the questions on this form truthfully and completely. I am aware that any violation of the duty of disclosure can result in a reduction or refusal of benefits and that damages may be claimed. By signing this application form, I authorise Tellco pk and its service providers, respectively Swiss Mobiliar* to process the data necessary for the examination of the application, the processing of the group insurance and the assessment of any claim to benefits (e.g. name, date of birth, etc.). Swiss Mobiliar is authorised to obtain relevant information, especially with regard to risk assessment and the handling of claims to benefits, about my former claims experience from previous insurer (s) or from third parties, in particular from medical practitioners and their auxiliary staff, authorities and social security institutions. If necessary for the purpose of assessing risk and / or the entitlement to benefits, this authorisation also extends to the procurement of particularly confidential personal data (such as health-related data) and personality profiles and / or the right to inspect official documents. For this purpose, I explicitly release medical practitioners and their auxiliary staff from the obligation of maintaining professional secrecy. If necessary for the processing of the group insurance or the handling of claims to benefits, I authorise Swiss Mobiliar to transmit personal data for processing to third parties in Switzerland and abroad who are involved in the contract, in particular to coinsurers and reinsurers, as well as to employee benefits institutions to whom I am or was affiliated and to Swiss Mobiliar Group companies involved in the processing of the insurance. *Mobiliar is the reinsurer of Tellco pk.

Place, date _____ Signature of person to be insured _____