

## Tellco pk

Bahnhofstrasse 4 t +41 58 P.O. Box info@tellic CH-6431 Schwyz tellco.ch

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

## Departure Notification / Registration for continuation

To be filled out by the previous employer

Employer		Contract no.
Details about th	ne departing person	
Mr	Ms (for women also name before marriage)	
Surame		First name
Street		Postcode, Place
Insured no.		Marital status
Phone		Date of marriage
Email		
Date of departur	re	Departure due to: Premature retirement
	person fully able to work? ase complete the absence notification electronica	Yes No ally via www.tellco.ch.
Place, Date		Employer's signature
·		
Option available was terminated receive a benefi agreement. The termination of t voluntary termin the employee coinsurance cover employment co continued insural leaving the com	I by their employer (please furnish evidence) a fit from the Foundation for Flexible Retirement in experience option of taking out continued insurance under the employment relationship cannot be personal mation on the part of the employee, upon the expiration on the part of the employee, upon the expiration on the part of the employee, upon the expiration agreement [and the contribution and option if Tellco pk does not receive the entract. The insured person finances the entire agrance themselves. The contribution is tax-deduction in the property insurance scheme pursuant to Art. 47 BV	ce scheme after they turn 58 <b>because their employment contract</b> and who are not joining any new pension fund or for persons who the Construction Industry (FAR Foundation) or a similar collective Article 47a of the OPA is thus only possible if the reason for the ly attributed to or blamed on the employee (except in the case of ation of a temporary employment relationship or if the employer and ract was terminated on the employee's own initiative]). Continued registration form no later than 30 days after the termination of the annual contribution (employer and employee contribution) for the tible. (cf. supplementary regulations on continued insurance after (G)
Requested cont	tinued insurance	
Savings and	d risk insurance Risk insurance	
Signature		
Place, date		Insured person

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## Departure Notification To be filled out by the departing person

Surname	First name
Employer	Contract no.
Use of the departure	e payment
	t to compulsory employee benefits insurance, we are obliged to transfer the vested benefits to the pension funder. In this case we would ask you to complete section 1.
	s cannot be transferred to a new pension fund, please complete one of sections 2 – 4. If the vested benefits will section 4), you must complete and sign the «Application for cash payment / transfer» form.
Benefits Foundation	any instructions regarding the use of the vested benefits, we will transfer the vested benefits to the Tellco Vested (for amounts exceeding CHF 20,000) or to the National Substitute Pension Plan at the earliest six months after the vested benefits statement.
	ure payment should be transferred to the new pension fund. ch a deposit slip for the new pension fund.
New employer	
Street	Postcode, Place
New pension fund	
Street	Postcode, Place
Bank / Post	
IBAN	Postcode, Place
Foundation	ure payment is to be transferred to a vested benefits account at Tellco Vested Benefits (www.tellco.ch). You can open the account directly online with the Tellco ePlix web-app w minutes and benefit from a preferential interest rate as well as numerous other investment
Please atta	ure payment is to be transferred to a vested pension benefits account of another pension fund. ch a copy of the application form for the opened vested pension benefits account and a deposit slip pension fund.
Pension fund	
Bank / Post	Postcode, Place
IBAN	
	ure payment is to be made in cash.  you should please also complete the «Application for cash payment / transfer» form.
Place, Date	Signature of the departing person

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