

Insurance no. 1

Name of insurance company	Insurance policy number
Address of insurance company	

Insurance no. 2

Name of insurance company	Insurance policy number
Address of insurance company	

6. Are you receiving disability benefits (e.g. under private disability insurance)?

If you have several insurance policies, please use an additional sheet.

Yes No

Name of insurance company	Insurance policy number
Address of insurance company	

7. Are you or have you ever been a public servant (government, states, municipalities, railway, postal service, church) and are you therefore entitled to benefits under a supplementary public service or church pension scheme?

Yes No

Name of supplementary pension fund	Insurance policy number
Address of supplementary pension fund	

8. Are you or have you ever been a public officer, judge or regular soldier?

Yes No

Name of pension fund	Personnel number
Address of pension fund	

9. Are you entitled to benefits under an occupational pension scheme (e.g. as physician, chemist, architect, notary, lawyer, tax advisor or auditor)?

Yes No

Name of pension fund	Insurance policy number
Address of pension fund	

10. Are you entitled to other pension or disability benefits (e.g. under agricultural pension fund, pension fund for members of parliaments, foreign pension funds)?

Yes No

Name of pension fund	Insurance policy number
Address of pension fund	

I hereby assure that the information provided in this questionnaire is true and complete to the best of my knowledge and belief.

Place, date _____

Signature _____