Pension Fund Swiss Re
Mythenquai 50/60
8022 Zurich
www.pensionskasse-swissre.ch/en/

APPLICATION FOR CONTINUED INSURANCE UPON TERMINATION OF EMPLOYMENT CONTRACT BY EMPLOYER

pursuant to Art 16B of the Pension Fund Swiss Re Regulations

If as an active member (insured) you exit the Pension Fund upon reaching age 55 because your employment contract is terminated by your employer, you may elect to remain insured in the Pension Plan if you apply in writing for continued insurance before your notice period ends and if you also provide proof of termination by your employer. In your application, you need to opt for either full insurance or risk insurance only, and then select the amount of the insured salary. Please note, you can select the amount only once, and only within the minimum/maximum range defined in the Regulations. For full insurance you also select, only once, the employee contribution rates.

Please submit your completed and signed application to the Pension Fund Swiss Re, Office L124. Your application must be received no later than your last day of work under your employment contract. You can also email your application to pensionskasse_swissre@swissre.com.
Please note that we are unable to consider any applications received after this deadline.

Your details

	The insured
First name, last name	
AHV number (as shown on employee ID badge)	
Street address	
Postcode, town	
Date of birth	
Marital status	
Personal phone no.	
Personal email address	

I herewith apply for
(Please select the appropriate box below to indicate your desired option for continued insurance in the Pension Plan)

☐ Continued full insurance (insurance against the risks of old age, death and disability)

or

☐ Continued risk insurance only (insurance against the risks of death and disability)

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I wish to retain continued insurance in the form of

a) **Full insurance (insurance against the risks of old age, death and disability)**

Under the full insurance option, you can select different amounts for your insured salary for the risk insurance and the retirement benefits, but the insured salary for the risk insurance must match or exceed the insured salary for the retirement benefits.

Full insurance on the basis of

☐ My previously insured salary for a) All risks (old age, death and disability) ☐

b) Only for the risks death and disability ☐

or

☐ A lower salary than my previously insured salary:

☐ CHF a) All risks (old age, death and disability)

☐ CHF b) Only for the risks death and disability

Your insured salary for the retirement benefits must not be less than the minimum amount pursuant to Art 8 BVG (see Appendix A for this amount) and must not exceed the last insured salary in the Pension Plan you received as an active member (insured).

Please select the contribution category option of your choice for the retirement credits:

Option 1 9.5% ☐
Option 2 4.8% ☐
Option 3 0.0% ☐

You, the insured, select the category for your savings contributions when your continued insurance begins. The selected category cannot be changed. In addition, you will also be paying the employer's savings contributions at the rate of 18.5%.

Or as

b) **Risk insurance only (continued risk insurance against the risks of death and disability) on the basis of**

☐ My previously insured salary

or

☐ A lower salary than my previously insured salary: CHF ☐

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Your insured salary for the risk insurance must not be less than the minimum amount pursuant to Art 8 BVG (see Appendix A for this amount) and must not exceed the last insured salary in the Pension Plan you received as an active member (insured).

Please note:

- Your insured salary is the amount you select when your continued insurance begins, and it cannot be changed.
- If you have opted for full insurance in this application form, you can subsequently apply with the Pension Fund Swiss Re to continue in future with risk insurance only. Your application must be in writing with a notice period of 60 days, and the change takes effect from the month following the 60-day notice period.
- If you have opted for full insurance, you need to select the contribution category for the amount of your savings contributions you will pay when your continued insurance begins. The selected category cannot be changed. In addition, you will also be paying the employer's savings contributions at the rate of 18.5%.
- If as an insured you have had more than two years of continued insurance, you can no longer withdraw or pledge your leaving/vested benefits to purchase residential property, and can draw your retirement benefits only in the form of a pension. The retirement benefits from the Capital Plan (savings capital) are always paid out as a lump sum.
- Any changes in law or the Regulations, such as on applicable contribution rates or conversion rates, apply equally to continued insurance.
- The contributions are invoiced monthly 90 days in advance and are payable within 30 days.
- **I hereby acknowledge that my continued insurance lapses automatically if I fail to pay the contributions by their due date. I am in arrears if I fail to pay the contributions to the Pension Fund Swiss Re within 10 days of the invoice date.**
- I hereby acknowledge that my continued insurance lapses if I:
    - Terminate continued insurance with 60 days' notice, with effect from the end of a month;
    - Am in arrears on paying the contributions. I am in arrears if I fail to pay the contributions within 10 days of the invoice date.
    - Reach the normal retirement age;
    - Am entitled to a temporary disability pension. If I am entitled to a partial disability pension, continued insurance ends only for the disability portion of the coverage.
    - Die before reaching normal retirement age;
    - Join a new pension fund and more than two-thirds of my leaving/vested benefits are transferred to the new pension fund.

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Declaration by the insured

By signing below, I certify that all information provided on this form is correct and complete and that I duly note the applicable provisions of law and the Regulations. I have read and understood the Information sheet "Continued insurance in the Pension Plan upon termination of employment contract by the employer" and I am aware of the restrictions on withdrawals to purchase residential property and also the restrictions on retirement benefits after I have had continued insurance for more than two years. I hereby undertake to pay both my own and the employer's savings contributions, and also to pay the employee share of any remedial contributions due in relation to the amount of the insured salary under continued insurance, this being the insured salary I have selected in this application form. **I hereby acknowledge that my continued insurance lapses automatically if I fail to pay the contributions by their due date.** I am in arrears if I fail to pay the contributions to the Pension Fund Swiss Re within 10 days of the invoice date.

Place

Date

Insured's signature

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Documents required for continued insurance (the Pension Fund may request additional documentation as needed):

- Written confirmation from your employer to the effect that your employment contract was terminated by your employer