asga pensionskasse

Rosenbergstrasse 16
Postfach, 9001 St.Gallen

T +41 71 228 52 52
F +41 71 228 52 55

info@asga.ch
www.asga.ch

# Registration for continued insurance for external insured persons (Article 47a OPA) in accordance with Article 12a of the Pension Fund Regulations

*Please complete in BLOCK CAPITALS. Forms completed in full save you and us extra work.*

*Note:*

*Following job loss from the age of 58, you may voluntarily continue your insurance in accordance with Article 12a of our Pension Fund Regulations up to a maximum of the reference age. The continued insurance corresponds to the pension scheme of your last employer.*

*If the voluntary continued insurance has lasted for more than two years, the insurance benefits must be drawn in the form of a pension. In addition, the termination payment can no longer be withdrawn early or pledged for owner-occupied property.*

*To this end, please also refer to our information sheet "Continued insurance for external insured persons", which is available at www.asga.ch.*

## 1. Insured person

| | | |
|---|---|---|
| Last name | First name | |
| Social security number | | |
| Date of birth | Gender | ☐ M ☐ F |
| Street, no. | Postcode | Place |
| Home telephone | Mobile telephone | |
| E-mail | | |

## 2. Former employer

| | | | |
|---|---|---|---|
| Last name | | | |
| Street, no. | Postcode | Place | |
| Has the company been or is it being dissolved as a result of cessation of business? | | ☐ yes | ☐ no |

## 3. Relevant questions

The requested continued insurance begins immediately after the end of the previous employment.

End date of previous employment (date):

Please indicate which type of continued insurance you wish to take out:

a. Continued insurance for risk benefits (death and disability) ☐

(Important: The retirement benefits will no longer be continued.
The subsequent inclusion of pension benefits is not possible)

b. Continued insurance for risk and pension benefits (savings contributions) ☐

▾ *Please note the following page.*

Please indicate the annual salary you wish to insure:

a. last valid annual salary with your previous employer ☐

b. or lower annual salary CHF _____

(at minimum, the statutory BVG co-ordinated salary must be insured)

Please note that it is not possible to insure an annual salary higher than that earned during your last employment.

In addition, the insured salary cannot be set at CHF 0.00 (temporary suspension of insurance).

*Please enclose the following documents with this registration:*
*– Copy of your employer's notice of termination*
*– Copy of your passport/identity card*

By signing this form, the insured person confirms that they have read and understood the "Continued insurance for external insured persons" information sheet and agree to the following documents.

Articles of Association

- Pension fund regulations
- Investment regulations
- Cost regulations
- WEF regulations

Both the information sheet and the aforementioned documents are available at www.asga.ch.

Place Date

Signature of insured

*▸ Please complete and sign this form and return it with the necessary documents to Asga, Postfach, 9001 St.Gallen.*