asga pensionskasse

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Notification of unpaid leave

Please complete in BLOCK CAPITALS.

Company	
Name	Member/contract no.

Insured person	
Last name	First name
Social security number	Date of birth

Duration of unpaid leave	
Commencement of unpaid leave (date)	End of unpaid leave (date)

Duration: more than 1 month and up to a maximum of 24 months from the commencement of unpaid leave

Principle of unchanged continuation of the current benefits coverage

In the case of unpaid leave, the current benefits coverage will continue unchanged unless a corresponding notification is submitted. Insurance coverage for pension benefits and risk benefits remains unchanged. Contributions for these benefits and contributions to costs will continue to be offset. No form needs to be submitted.

Selection of an alternative continuation option

☐ Continuation of current risk insurance coverage
The insurance coverage for risk benefits in place immediately before the start of unpaid leave will remain unchanged. No savings contributions are levied during the unpaid leave. Interest will continue to be paid on the retirement assets. The contributions for risk benefits and cost contributions will still be borne by the employer. The employer may charge the full amount to the insured person.

☐ Waiver of continued risk protection
During the interruption, there is no entitlement to risk benefits except for the lump-sum death benefit. No savings, risk, or cost contributions shall be levied during the interruption period. Interest will continue to be paid on the retirement assets.

Note:

- *If an alternative continuation option is desired, this form must be submitted **before the start of the unpaid leave**. If notification is not submitted in due time, the current benefits coverage and obligation to contribute will continue in full.*

▾ *Please see the following page.*

Place	Place
Date	Date

Insured person's signature	Employer's signature

Note:

- *You can find important information about unpaid leave in the information sheet "Unpaid leave".*

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