

Report on a Claim

Please complete in capital letters. Completely filled out forms will save you and us extra work.

Pensionskasse (Pension fund) Vorsorgestiftung (Pension foundation) Dienstleistungen AG (Services)

Notes on claims

- ▶ After receiving this report you will get the respective documents for processing the claim.
- ▶ Waiting period for exemption from contribution according to the affiliation contract.

1. Company

Name

Member/contract no.

2. Insured person

Name

First name

AHV no.

old AHV no. (if available)

Birth date

Gender

m f

Street, no.

ZIP code

City

3. Claim

Reason

Accident

Illness

Pregnancy

Occupational disability since (date)

Death (date)

Comments (please state enclosures)

Place

Date

Stamp and signature of the company



▶ Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.