

Notification regarding domestic partnerships

You can use this form to inform us of your domestic partnership. You do not need to register your partner if you are married or living in a registered partnership. Your marital status or registered partnership will apply in this case.

1 Personal details

We will need one of the following three details in order to identify you:

Name of employer

Contract number

AHV number

We will need all of the following information:

Last name

First name

Street, no.

Zip code, town or city, country

Date of birth

Marital status
 single married divorced widowed registered partnership
 dissolved partnership

Home phone number

Email



Partnership as defined by the pension regulation

The following persons are considered to be domestic partners:

- a spouse;
- a registered partner;
- an unmarried person not related to the insured person who lived continuously with the insured person in the same household for the 5 years prior to his/her death in a marriage-like relationship;
- an unmarried person not related to the insured person who lived with the insured person in the same household at the time of his/her death and is responsible for supporting one or more of their joint children.

2 Personal information about your domestic partner

Last name

First name

Date of birth

Marital status
 single married divorced widowed registered partnership
 dissolved partnership

3 Address of your joint household

Street, no.

Zip code, town or
city, country

4 Confirmation of partnership

You and your domestic partner hereby confirm the existence of a partnership as defined in the pension regulation. You certify that you are unmarried and not related to one another. Please also confirm the following (please check):

- We live in the same household in a marriage-like relationship.
- We live in the same household and my partner is responsible for supporting one or more of our joint children in the event of my (the insured person's) death.

Note

The circumstances at the time of death will determine the amount of any payment and whether a payment will be made at all. The burden of proof rests on the person claiming the partner pension.

Place, date

Signature

Place, date

Partner's signature

5 What happens now?

We will confirm receipt of your notification as soon as we receive this form. Please notify your partner that he/she has been designated as a beneficiary since he/she will have to claim the pension benefits in the event of your death.

Please send the completed and signed form by standard mail or email to:

Zurich Insurance Company Ltd
Help Point BVG
P. O. Box
8085 Zurich
bvg@zurich.ch

Do you have any questions about this form?

Help Point BVG (phone 0800 80 80 80) is available to answer your questions from 8 a.m. to 6 p.m. from Monday to Friday.