Vita Classic (Vita Collective Foundation), Vita Plus, Vita Relax (Vita BVG Collective Foundation)

Registration for an occupational pension plan



1 Personal details

	Name of the employer		Please send the completed form to:
	Contract number	Zurich Switzerland	
	AHV number	Scanning BVG P. O. Box 8085 Zurich	
	Last name	First name	bvg@zurich.ch Once we have checked your
	Street, no.	Zip code, town or city, country	registration, you will receive the new contribution statement. Your new member of staff will
	Private email	Private telephone	then receive their new pension certificate. You can find the employee's contributions in the
	Marital status Single married divorced	Date of birth	contribution statement.
	widowed registered partnership dissolved partnership	Gender male female	
	Date of marriage or registration	Correspondence language of your new member of staff D F I E	
2	Information about the occupational pension plan		
	Date of joining the company	Start of the insurance	
	Relevant AHV annual salary in CHF (projected for a whole year)	Degree of employment in %	
	Is there more than one personnel category in your contract?		
	○ No		
	Desired category		
3	Information concerning ability to wo	rk	
	Is your new member of staff fully able to work from the coverage start date? Yes No		Inability to work refers to when someone is no longer able to carr out work due to medical reasons, to the extent that they did before they fell ill. Inability to work, therefore, always relates to the current activity.
	Degree of ability to work in %		
4	Additional information for the self-e		
	Is the person to be insured as a self-employed person within the meaning of the AHV and are they joining the pension scheme of your company according to the pension regulations?		
			Do you have any
_	○ No │ ○ Yes		questions about this
5	Employer's confirmation		form? Help Point BVG (phone
	Place and date	Employer's signature	0800 80 80 80) is available to answer your questions Monday to Friday, from 8 a.m. to 6 p.m.