

Registration for a flexible early retirement



1 Personal details

Name of the employer	
Contract number	
AHV number	
Last name	First name
Street, no.	Zip code, town or city, country
Private email	Private telephone
	Date of birth
Correspondence language of your member of staff <input type="radio"/> D <input type="radio"/> F <input type="radio"/> I <input type="radio"/> E	Gender <input type="radio"/> Male <input type="radio"/> Female

Please send the completed form to:

Zurich Switzerland
Scanning BVG
P. O. Box
8085 Zurich
bvg@zurich.ch

Once we have checked the registration, the insured person will receive the new certificate of insurance.

2 Information about the flexible early retirement

Name of the institution of the professional sector
Date of the flexible early retirement

► Documents required

Please also enclose confirmation of the flexible early retirement from the institution of the professional sector.

3 Information concerning ability to work

Is your member of staff fully able to work?

☐ Yes

☐ No

Degree of ability to work in %

◀ Inability to work refers to when someone is no longer able to carry 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.

4 Employer's confirmation

Place and date	Employer's signature
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Do you have any questions about this form?

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