

Registration addendum



1 Personal details

Name of employer	
Contract number	
Last name	First name
Date of birth	AHV number

2 Health

Do you feel healthy?

☐ Yes

☐ No

For which reason / which diagnosis?

Since when?

Physician, hospital,
address

Do you have any medical conditions that currently affect your ability to work or are likely to affect your ability to work in the next two years?

☐ No

☐ Yes

For which reason / which diagnosis?

Since when?

Physician, hospital,
address

Did your previous pension fund impose a risk surcharge or a restriction due to a pre-existing medical condition?

☐ No

☐ Yes

► **Documents required**

Copy of the restriction statement and the most recent pension certificate.

Please send the signed and completed form back within ten working days to:

Vita Select Joint Foundation of Zurich Life Insurance Company Ltd
P. O. Box
8085 Zurich
vitaselect@pfs.ch

You will receive your new pension certificate as soon as we have received and reviewed this form and your pension plan registration.

◀ Vita will generally admit you into an occupational pension plan without a medical examination. In super-mandatory plans, however, Vita can apply certain restrictions if you have a pre-existing medical condition.

◀ **Restrictions for pre-existing conditions** apply for five years at most. If restrictions have already been imposed, the pension plan will adopt them and credit the elapsed time to your account with us.

Have you been examined or treated by a physician, psychologist or therapist in the past five years?

☐ No

☐ Yes

For which reason / which diagnosis?

When?

Duration?

Completely healed?

☐ No

☐ Yes

Physician, hospital,
address

Do you plan to see a doctor, stay at a health spa or hospital, or undergo outpatient surgery?

☐ No

☐ Yes

Why?

When?

3 Authorization and confirmation

I acknowledge that Zurich processes data relating to natural persons (personal data) on behalf of Vita in connection with the conclusion and execution of the contract and for other purposes. More information on this processing can be found in the privacy policy of Zurich. This privacy policy can be accessed at www.vita.ch/data-protection or obtained by contacting Vita, c/o Zurich Insurance Company Ltd, Dataprotection, PO box, 8085 Zurich, datenschutz@zurich.ch.

Zurich reserves the right to disclose personal data – including health data if applicable – to third parties in this context and in the other cases mentioned in the privacy policy.

By submitting this declaration, I expressly agree that pre-insurers, co-insurers and reinsurers, other private and social insurers and other offices within Zurich, official bodies and other third parties provide Zurich with relevant information in connection with risk, benefit and claims checks, for combating abuse and for the performance of the insurance contract relationship, in particular about the claims history and about previous or parallel insurance policies and benefits. This is necessary for the preparation or execution of the insurance contract relationship. Health data from medical service providers (e.g. doctors or laboratories) may also be collected. I release in this case all these bodies from any obligation of confidentiality even after death.

I undertake to inform third parties whose personal data he/she provides to Zurich about the processing of their personal data by Zurich.

By signing this form, I confirm that I have answered the questions completely and truthfully. The pension plan and Zurich can deny benefits if I provide incorrect information.

Place, date

Signature

Do you have any questions about this form?

The Vita Select customer service (phone 044 628 46 46) is available to answer your questions Monday through Friday from 8.00 a.m. to 12.00 noon and from 1.00 p.m. to 6.00 p.m.