

# Authorization



Contract number	
Last name	First name
AHV number	Event of

### ◀ Please note

Your **contract number** can be found on your pension certificate.

### ◀ Please note

**Voluntary continued insurance after the age of 58, if the employment was ended by the employer:**

The continued insurance is available as either savings and risk insurance, or solely as risk insurance. All costs have to be borne by you. The registration for continued insurance must be made within three months after the employment has ended. Are you interested in continuing your insurance? Please don't hesitate to contact us – we will be glad to answer any questions you have.

The undersigned person acknowledges that, in connection with benefit and claim settlement and for other purposes such as support in reintegration, Vita Select Collective Foundation of Zurich Life Insurance Company Ltd (Vita) processes data which refers to natural persons (personal data). Vita's privacy policy contains more information on this processing. This privacy policy can be viewed at [vita.ch/data-protection](http://vita.ch/data-protection) or ordered by contacting Vita Select Collective Foundation, Datenschutz, P. O. Box, CH-8085 Zurich, [datenschutz@zurich.ch](mailto:datenschutz@zurich.ch).

Vita reserves the right to share personal data – including health data – in this connection, as well as in cases mentioned in the privacy policy, with third parties. The undersigned person is obliged to inform third parties whose personal data they forward to Vita about the processing of their personal data by Vita.

Vita requires information and documents in order to assess its obligation to pay an indemnity and provide the insured benefits where relevant. The undersigned person therefore consents to

- Doctors
- Hospitals
- Employers
- Official bodies and authorities (e.g. law enforcement agencies, police, social welfare offices, and social and welfare services)
- Swiss disability insurance (DI) and/or old-age and survivors' insurance (OASI)
- Pension fund(s)
- Health insurance company(ies)
- Obligatory or private accident insurance(s)
- Military insurance
- Unemployment fund(s)
- Other participating personal lines (e.g. insurance for daily sickness benefits, life insurance, liability insurance)
- And their staff

providing Vita and third parties appointed by Vita with information, access to their files, including files concerning their former state of health, and copies of documents. For this purpose, the undersigned person frees the aforementioned bodies from confidentiality obligations. Vita processes the information it receives in accordance with data privacy law. Further information is available at [vita.ch/data-protection](http://vita.ch/data-protection).

In addition, the undersigned person herewith authorizes Vita to transfer information and/or documents to

- The disability insurance
- The pension fund
- The obligatory or private accident insurance
- Military insurance
- Other private insurers
- Co- and reinsurers.

These consents and exemptions apply within the scope of their purpose with no time limit. They can be revoked at any time by means of a declaration in text form (e.g. email) sent to Vita. A revocation is in each case only effective for the future and may result in some benefits not being provided. Even in the event of revocation, Vita may continue to process personal data where such processing is legally permissible or serves overriding interests.

Place, date	Signature of the insured person
-------------	---------------------------------

Please send the completed and signed form to:

**Vita Select Collective Foundation of Zurich Life Insurance Company Ltd**  
**P. O. Box**  
**8085 Zurich**  
**[vitaselect@pfs.ch](mailto:vitaselect@pfs.ch)**

As soon as we have received your notification, we will collect all the necessary documents and assess your entitlement to benefits.