

Underwriting

To be completed by the employer

1. Employer

Company _____
Street/no. _____ Postcode/place _____

We agree to use the ProfondConnect corporate portal. We have read the enclosed ProfondConnect Terms of Use and confirm that we agree to them.

We further confirm that the person listed below may report changes in staffing with legally binding effect to Profond.

1.1 Main contact at the employer

This person automatically receives the activation code to log into the ProfondConnect company portal. This person can register additional users or delete or deactivate users on their own initiative.

Surname/First name _____ Position _____
E-mail _____ Direct dial _____

2. Broker

Broker/intermediary _____ (enclose broker mandate)
Street/no. _____ Postcode/place _____

2.1 Access to the ProfondConnect corporate portal by the broker/intermediary

You can give the main contact person for your broker access to the ProfondConnect corporate portal. This allows your broker to view data in ProfondConnect and make adjustments for you. Would you like to grant this authorisation/these authorisations to your broker?

- ☐ Yes, we would like the following access for our broker:
- ☐ Management of insured persons (e.g. a change of address or salary, notification of unpaid leave, retirement, incapacity to work, etc.)
 - ☐ Invoices and payment documents (e.g. to view invoices and payment documents)
 - ☐ User administration (the recording, deletion and blocking of users, incl. adjustment of access rights) including management of insured persons as well as invoices and payment documents
- ☐ No, we carry out all of our tasks independently and do not wish our broker to have access to the ProfondConnect corporate portal.

3. Previous insurer

Do you have a previous insurer?

- ☐ Yes If yes, please go to Point 3.1
☐ No If no, please explain: ☐ Start-up ☐ No BVG obligation

3.1 Current pension solution

Insurer/foundation _____ Contract number _____
End of contract _____ Contract terminated as of _____
Contact person at the previous insurer:
Surname/First name _____ E-mail _____

3.2 Other pension solutions

Do you have any other pension solutions with other pension funds after affiliation with Profond?

- ☐ No
- ☐ Yes, this relates to an additional pension (supplementary cover)
- ☐ Yes, this relates to a basic pension provision (basic cover)

4. a) Collective sickness benefit insurance

Does a collective sickness benefit insurance with cover of at least 80 per cent of the insured annual salary exist for 720 days with full cover (BVG-coordinated)?

- ☐ Yes, there is a sickness benefit insurance policy in accordance with the **Health Insurance Act**
- ☐ Yes, there is a sickness benefit insurance policy in accordance with the **Swiss Insurance Contract Act**
- ☐ No

If yes, please specify with which company:

Insurance company _____ Policy no. _____

4. b) Accident insurance

Your accident insurance provider:

Insurance company _____ Policy no. _____

5. Pending cases of incapacity for work

Are there any long-term cases of incapacity for work (> 6 months) pending at this point in time? ☐ Yes ☐ No

If so, please let us know to how many: _____

6. Arrangement for any potential pension takeover

Please let us know how any pension takeover is regulated at your previous pension fund. You can find this information in the current affiliation agreement:

- ☐ Recipients of old-age and survivors' pensions remain with the previous insurer
- ☐ Recipients of old-age and survivors' pensions must be taken over by the new pension fund
- ☐ There is no regulation in this regard

Confirmation

By signing, we confirm the accuracy and completeness of the information provided and agree to the enclosed terms of use of the ProfondConnect corporate portal.

Place, date

Legally valid (collective) signature(s) according to the commercial register



Documents

Please enclose the broker mandate, if you have not submitted it already.
