

# Announcement of partner's pension (occupational provident insurance)

\*Contract no.: \_\_\_\_\_  
Organisational Units (OU): \_\_\_\_\_  
\*Policy no.: \_\_\_\_\_  
\*Company: \_\_\_\_\_  
Street, no.: \_\_\_\_\_  
Postal code, town/city: \_\_\_\_\_

Please fill out all pages and sign.

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## 1 Personal data of the insured person and the partner

### 1.1 Insured person

\*Last name: \_\_\_\_\_ \*First name: \_\_\_\_\_ \*Date of birth: \_\_\_\_\_

### 1.2 Partner

\*Last name: \_\_\_\_\_ \*First name: \_\_\_\_\_

\*Date of birth: \_\_\_\_\_ \*Sex:  male  female

### 1.3 Address of the common household

\*Street, no.: \_\_\_\_\_ \*Postal code, town/city: \_\_\_\_\_

\*Common household since (date of registration at the residential community): \_\_\_\_\_

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## 2 Claim

In the event of the death of the insured person the surviving partner (of the same or opposite sex) is entitled to the partner's pension.

For a pension claim to be established, all of the following conditions must be met:

1. According to the pension fund regulations of the insured person a surviving spouse's pension is insured;
2. The partner must prove that he/she had lived without interruption in partnership with the deceased in a common household for at least the last five years before the death of the insured person, or must prove that he/she was living in partnership with the deceased in a common household at the time of the death of the insured person and that the surviving partner must support at least one mutual child.
3. The partners are neither related in the direct line of ascent nor are they siblings or half-siblings (cf. Art. 95 CC).
4. Both partners are not married nor living in a partnership with a different person at the time of death of the insured person.
5. The surviving partner is not receiving any other spouse's or partner's pension from a former marriage or partnership and did not receive any capital benefits as a substitute to a spouse's or partner's pension.
6. The insured person did not draw a full disability pension on 31 December 2004.
7. This "Announcement of partner's pension" form was completed and sent to Helvetia before the insured's regular or early retirement and before his/her death.

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### 3 General indications

#### Confirmation of receipt

Your application for a partner's pension will be confirmed in writing. If you do not receive a written receipt/confirmation within 30 days weeks after having sent the announcement of partner's pension, please contact your benefits institution or Helvetia directly.

#### Order of precedence for beneficiaries

Please note that the announcement of partner's pension does not change the entitlement to a possible lump sum death benefit or a return of contributions stated in the regulations. If a change in the order of precedence for beneficiaries is desired the form «Order of precedence for beneficiaries» is to be submitted in addition. You will find the named form in the Internet under [www.helvetia.ch](http://www.helvetia.ch)

#### Disability occurring before 1 January 2005

From 1 January 2005, only the active component of the pensionable salary as at 31 December 2004 is insured for a partner's pension for insured persons who were partially disabled on 31 December 2004. If the partially disabled insured is partly or fully reintegrated into the workforce through physical reactivation, the benefits will be increased accordingly.

#### Confirmation of the insured person

The insured person confirms with his/her signature that the above mentioned partner is the rightfully entitled person to the partner's pension according to the conditions of the benefits regulations. The beneficiary appointment applies only for the policy and contract numbers mentioned explicitly in the form (it is possible to list more than one policy/contract).

#### Obligations of the insured person

The insured person is obliged to inform Helvetia immediately in case of an annulment of the common household or the partnership.

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\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of the insured person

\_\_\_\_\_  
Signature of the partner

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#### Please return this form to:

Helvetia Swiss Life Insurance Company Ltd, P.O. Box 3855, 4002 Basle