

**This declaration must be sent to the Pensionskasse  
along with the entry form, Art. 3 of the Regulations**

**CONFIDENTIAL**

Pensionskasse Alcan Schweiz, Zürich  
**via personnel services**

**Declaration upon entry into the Pensionskasse**

Dear Sir / Madam

I shall enter into an employment relationship with a company connected to the Pensionskasse on \_\_\_\_\_. I am able to make the following declaration to you in advance with regard to my acceptance into the Pensionskasse:

**Joining benefit: transfer of the leaving and free movement benefits**

- I was previously covered by an occupational benefit scheme, and am entitled to total leaving benefits of about CHF \_\_\_\_\_.
- A copy of the settlement from my previous benefit scheme(s) is enclosed.
- In addition, I also have further entitlements from earlier employment relationships.
- Copies of all the certificates documenting my entitlements are enclosed.
- I do not have any assets or entitlements from earlier employment relationships.
- I have not previously been insured by any benefits organization in Switzerland, and do not have any entitlement to leaving/free movement benefits.

**Restriction of benefits in the previous benefits organization**

In my previous benefits organization, my insured benefits were restricted, or subject to special conditions, for the following reasons:

- Special conditions on the grounds of health
- Insured benefits reduced because of advance payment for home ownership
- Pledging arrangement for home ownership
- Distribution as a result of divorce
- Other special conditions: \_\_\_\_\_
- There are no special conditions or restrictions.

**Benefits previously obtained from insurance schemes covering lack of employment**

I have previously claimed as follows as a result of illness or injury (sickness or injury benefit, disability pension or similar compensation):

from \_\_\_\_\_ to \_\_\_\_\_ Insurance: \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ Insurance: \_\_\_\_\_

**Declaration of health**

- I currently feel healthy, am able to work without restriction and am not subject to any infirmity, serious disease or addiction (e.g. alcohol or drugs).
- I grant permission for your medical examiner to obtain the necessary details from my general practitioner (For address of general practitioner and any remarks: see reverse, or on an additional sheet).

**Name, address and tel. no. of the person newly entering the scheme:**

\_\_\_\_\_

Date: \_\_\_\_\_ / Signature: \_\_\_\_\_

Date:

Stamp + signature of personnel services:

please turn