



Insurance no. 1

|                              |                         |
|------------------------------|-------------------------|
| Name of insurance company    | Insurance policy number |
| Address of insurance company |                         |

Insurance no. 2

|                              |                         |
|------------------------------|-------------------------|
| Name of insurance company    | Insurance policy number |
| Address of insurance company |                         |

**6. Are you receiving disability benefits (e.g. under private disability insurance)?**

If you have several insurance policies, please use an additional sheet.

Yes No

|                              |                         |
|------------------------------|-------------------------|
| Name of insurance company    | Insurance policy number |
| Address of insurance company |                         |

**7. Are you or have you ever been a public servant (government, states, municipalities, railway, postal service, church) and are you therefore entitled to benefits under a supplementary public service or church pension scheme?**

Yes No

|                                       |                         |
|---------------------------------------|-------------------------|
| Name of supplementary pension fund    | Insurance policy number |
| Address of supplementary pension fund |                         |

**8. Are you or have you ever been a public officer, judge or regular soldier?**

Yes No

|                         |                  |
|-------------------------|------------------|
| Name of pension fund    | Personnel number |
| Address of pension fund |                  |

**9. Are you entitled to benefits under an occupational pension scheme (e.g. as physician, chemist, architect, notary, lawyer, tax advisor or auditor)?**

Yes No

|                         |                         |
|-------------------------|-------------------------|
| Name of pension fund    | Insurance policy number |
| Address of pension fund |                         |

**10. Are you entitled to other pension or disability benefits (e.g. under agricultural pension fund, pension fund for members of parliaments, foreign pension funds)?**

Yes No

|                         |                         |
|-------------------------|-------------------------|
| Name of pension fund    | Insurance policy number |
| Address of pension fund |                         |

I hereby assure that the information provided in this questionnaire is true and complete to the best of my knowledge and belief.

Place, date

Signature