



Declaration on additional pension plan coverage

Contract no. /

Employer Name and place

Insured person

Surname	First name	Insurance number
Street, postal code, town	Date of birth	Gender
		<input type="checkbox"/> m <input type="checkbox"/> f

I hereby declare that:

- Upon joining this pension plan I do not have any other form of pension plan coverage. If there are any changes in this respect, I will report them using the "Declaration on additional pension plan coverage" form.
- I have the following additional pension plan coverage:

Level of employment	with	valid as of	Annual salary CHF
Occupational benefits institution			

Level of employment	with	valid as of	Annual salary CHF
Occupational benefits institution			

Signature

Date	Signature of the insured person
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Please send to

AXA
Postfach 300
8401 Winterthur