



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