

## Election of the Board of Trustees

### Employer

Company

Contract number

### Election of the Board of Trustees

The election is a(n)

- ☐ initial election  
☐ By-election  
☐ Full election

**Note:** For an initial election and for a full election, all appointed employer representatives and all elected employee representatives must be indicated.

The election is valid from

A decision on the composition was taken on

**Please note:** Under the organization rules, the term of office of the Board of Trustees is three years. All insured employees must be invited to participate in the election of the employee representative(s).

### Employer representative

Do you wish to notify us of employer representatives on the Board of Trustees?

- ☐ Yes  
☐ No

The employer appoints the following persons to serve as employer representatives:

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

Signature

☐ has been elected Chairman of the Board of Trustees

\_\_\_\_\_

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

\_\_\_\_\_

Signature

☐ has been elected Chairman of the Board of Trustees

\_\_\_\_\_

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

\_\_\_\_\_

Signature

☐ has been elected Chairman of the Board of Trustees

\_\_\_\_\_

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Last name

Street

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\_\_\_\_\_

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E-mail

Signature

☐ has been elected Chairman of the Board of Trustees

First name

Last name

Street

No.

Postcode

Place

Policy no.

E-mail

Signature

☐ has been elected Chairman of the Board of Trustees

## Employee representatives

Do you wish to notify us of employee representatives on the Board of Trustees?

☐ Yes

☐ No

**Please note:** Only employees from the ranks of the insured who are not members of senior management and who do not participate in the decision-making process for important decisions can be elected as employee representatives, taking account of the employee categories.

The following persons have been elected as employee representatives:

First name

Last name

Policy no.

E-mail

Signature

☐ has been elected Chairman of the Board of Trustees

First name	Last name	Policy no.	E-mail
_____	_____	_____	_____

Signature	<input type="checkbox"/> has been elected Chairman of the Board of Trustees
_____	

First name	Last name	Policy no.	E-mail
_____	_____	_____	_____

Signature	<input type="checkbox"/> has been elected Chairman of the Board of Trustees
_____	

First name	Last name	Policy no.	E-mail
_____	_____	_____	_____

Signature	<input type="checkbox"/> has been elected Chairman of the Board of Trustees
_____	

First name	Last name	Policy no.	E-mail
_____	_____	_____	_____

Signature	<input type="checkbox"/> has been elected Chairman of the Board of Trustees
_____	

☐ The Board of Trustees confirms the following composition or adjustment of the Board of Trustees and that all insured employees were invited to vote for the employee representatives.

## Data protection

All personal data will be processed in accordance with the current legislation:  
For compulsory occupational benefits, the data protection regulations of LOB (Art. 85a ff. LOB) apply. The

provisions of the FADP apply in addition. The FADP applies to purely supplementary occupational benefits (for information e.g. identity and contact details of responsible persons, processing purposes, etc. please see [www.helvetia.ch/privacy](http://www.helvetia.ch/privacy)).

Place and date

Company's stamp and signature

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