

## Deferral of retirement benefits pursuant to Art. 13b LOB

### Employer

Company

Contract number

### Employee

Policy no.

Title

- ☐ Ms  
☐ Mr

First name

Last name

Street

No.

Postcode

Place

Country

Date of birth

Marital status

E-Mail

Is the insured fully capable of working or gainful employment?

- ☐ Yes  
☐ No

### Deferral of retirement benefits

What form of deferral of retirement benefits is involved?

- ☐ Deferral of retirement benefits  
☐ Change from continued insurance to deferral of retirement benefits

**Note:** If the employee wishes to take semi-retirement at the same time, the form "Flexible retirement" must also be submitted.

## Deferral of retirement benefits pursuant (Art. 13b LOB)

Annual salary and degree of employment **before** retirement age

Current annual salary

Current degree of employment in %

Annual salary and degree of employment **after** retirement age

New annual salary

New degree of employment in %

**Note:** A change to continued insurance (Art. 33b LOB) is excluded.

## Change from continued insurance to deferral of retirement benefits

**Note:** A change to deferral of retirement benefits (Art. 13b LOB) is possible at the earliest on the first day of the following month.

**Note:** Another change to continued insurance (Art. 33b LOB) is excluded.

Annual salary

Date of the change

## Conditions for the deferral of retirement benefits

Deferral of retirement benefits is possible if the insured person

- has reached retirement age and
- continues to work for their current employer and receives a higher annual salary than the entry threshold defined in the regulations and
- is fully or partially able to work or earn at the time of registration and
- submits this form at least one month before reaching retirement age or before the desired change in respect of continued insurance pursuant to Art. 33b LOB.

**Note:** In the case of deferral of retirement benefits, the restitution of purchase amounts is not possible. This applies to purchase amounts effected either before commencement of or during the deferral period.

## Confirmation employer

☐ I hereby confirm that all of the information I have provided is true, that the conditions for deferral have been met, that the "Information sheet on deferred retirement" has been handed to the employee, and that the employee wishes to take the chosen flexible retirement option. I also confirm that I am authorized by the above-mentioned company to submit this notification.

☐ I hereby confirm that I have drawn the employee's attention to the fact that the entitlement to restitution of purchase amounts does not apply if the restitution is provided for in the pension plan.

This registration was entered by

First name

Last name

Your mail address for possible clarifications

## 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)).