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Your Swiss Insurer

Postal address  
Helvetia Insurance  
P.O. Box 99  
8010 Zurich

## Flexible retirement

### Employer

Company

Contract number

### Employee

Policy no.

Title

☐ Ms

☐ Mr

First name

Last name

Street

No.

Postcode

Place

Country

Date of birth

Marital status

since, date

Is the insured fully fit for work or capable of gainful employment?

☐ Yes

☐ No

**Note:** If we have not yet been notified of incapacity for work, the form "[Incapacity to work or to earn](#)" must be submitted.

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### Early retirement

**Please note:** We will inform your employees of the amount of the retirement benefits directly at the appropriate time.

Timing of retirement

## Semi-retirement

**Please note:** We will inform your employees of the amount of the retirement benefits directly at the appropriate time.

Timing of semi-retirement

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Annual salary and degree of employment **before** the new semi-retirement stage:

Current annual salary

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Current degree of employment in %

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Desired semi-retirement (share of retirement benefit in %)

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Annual salary and degree of employment **after** the new semi-retirement stage:

New annual salary

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New degree of employment in %

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### Notes:

- Semi-retirement entails a maximum of five possible stages. The first stage must amount to at least 10% of the retirement benefit.
- The proportion of the retirement benefit drawn before retirement age may not exceed the share of the salary reduction. Withdrawal of the retirement benefit as a lump sum is possible in a maximum of three steps.
- This also applies when the salary paid by one employer is insured with multiple employee benefit institutions. One disbursement comprises all retirement benefits drawn as a lump sum within one calendar year.
- In all cases, the provisions as set out in the regulations apply.

## Retirement before expiry of continued insurance (Art. 33b LOB) or before expiry of deferral of retirement benefits (Art. 13b LOB)

**Please note:** We will inform your employees of the amount of the retirement benefits directly at the appropriate time.

Timing of retirement

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## Collective bargaining arrangements for early retirement

Are any collective bargaining arrangements in place for early retirement?

- ☐ Yes
- ☐ No

according to

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## Confirmation employer

- ☐ I hereby confirm that I have provided all of the information truthfully, and that the employee wishes to take the chosen flexible retirement option. I further confirm that I am authorised by the company to submit this notification.

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)).