

## Health questionnaire

### for the supplementary insurance Top & Plus and for self-employed individuals

I am  an employee  self-employed

Settlement number:

Address of business establishment:

Date of joining the company:

Commencement of insurance:

Pension plan:

Annual gross salary subject to AHV contributions:

Date of birth (day, month, year):

AHV number:

Surname, First name:

Private address:

### Tonsillitis, appendicitis, flu, colds, mumps, measles, rubella, chickenpox and pregnancy do not have to be declared for the following questions.

1. Are you fully capable of working?  Yes  No
2. Do you suffer from the effects of an accident or illness, or have you had a disability since birth?  Yes  No
3. Are you currently suffering from any health problems?  Yes  No
4. Are you currently being treated or monitored by a doctor, psychotherapist, psychiatrist, chiropractor or other therapist (i.e. a person who treats illnesses or the effects of accidents)?  Yes  No
5. Are you due to have a consultation, examination or treatment or has one been recommended?  Yes  No
6. Have you had any examinations (e.g. X-ray, ECG, HIV test) with an abnormal result?  Yes  No
7. Have you had an operation in the last five years (outpatient or stationary) or are you due to have one, or has one been recommended?  Yes  No
8. Is there a health restriction still in force at your previous pension fund? If yes, please enclose a copy.  Yes  No
9. Are you regularly taking medication (except contraceptives) or have you done so in the last five years?  Yes  No
10. Do you draw or have you applied for any benefits from the Federal disability (IV), military (MVG), accident (UVG) or occupational benefits (BVG) insurance or benefits from a foreign social security scheme?  Yes  No
11. Have you had any health problems in the last five years before the beginning of the insurance that caused you to be incapable of working (fully or partially) for more than three weeks?  Yes  No

12. Anyone who obtains benefits for him/herself or another person to which they are not entitled from the employee benefits institution or the Security Fund by providing untrue or incomplete information will be subject to punishment (Art. 76 of the Federal Law on Occupational Retirement, Survivors' and Disability Pension Plans, BVG).
13. The person to be insured must provide information on his/her health. The GastroSocial Pension Fund can also instruct the applicant to go for a medical check-up with a doctor appointed by the Pension Fund. If there is a higher risk, the GastroSocial Pension Fund can apply one or more provisos for insurance cover or reject the applicant's enrolment in the supplementary insurance scheme. Self-employed individuals with a higher health risk will not be enrolled in the insurance. A proviso or exclusion can also be applied subsequently if the person to be insured provided incorrect information or failed to inform the Pension Fund of a considerable risk of which he/she was or should have been aware. Provisos only apply to the extra-mandatory insurance. The person to be insured will be informed in writing of the reason and duration of a proviso. A proviso can be applied for a maximum of five years.

I confirm that I have answered questions 1 to 11 truthfully and have taken note of sections 12 and 13.

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**Place and date**

**Signature of the person to be insured**