

## Request for an offer

### Company particulars

Name	Legal form
Street, No..	Zip code, Place
Company activities	Contact
Calculation for	Self-employed (settlement through the AHV/AVS compensation fund) <input type="checkbox"/> yes <input type="checkbox"/> no

### Foundation

<input type="checkbox"/> 1e Flex Invest Foundation	<input type="checkbox"/> BVG Collective Foundation <input type="checkbox"/> Main <input type="checkbox"/> Supplemental
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### Co-ordination deduction

	Risk salary	Savings salary
Entry threshold		
Minimum		
Maximum		

### Group designation

\_\_\_\_\_

### Sickness disability pension

\_\_\_\_\_

### Spouse's sickness pension

\_\_\_\_\_

### Child's and orphan's sickness pension

\_\_\_\_\_

### Suppl. death lump-sum for sickness or accident

\_\_\_\_\_

### Accident coverage

<input type="checkbox"/> Accidents included in all benefits coverage	<input type="checkbox"/> IV/AI pension	<input type="checkbox"/> spouse's pension
<input type="checkbox"/> Include accidents in following coverage	<input type="checkbox"/> IV/AI child's pension	<input type="checkbox"/> orphan's pension

### Retirement credits

\_\_\_\_\_

### Funding Employer/employee

\_\_\_\_\_ / \_\_\_\_\_ %

### Waiting period IV/AI pension

<input type="checkbox"/> 24 months (with daily benefits insurance)	<input type="checkbox"/> 12 months
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### Waiting period contributions waiver

<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months
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### Remarks

\_\_\_\_\_

### Signature

Place, Date	Signature
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Please fill in members' particulars in the "Membership Schedule"

## Membership Schedule

<b>Surname</b>	<b>First name</b>	<b>Date of birth</b>	<b>Gender</b> <input type="checkbox"/> m <input type="checkbox"/> w	<b>Civil status</b>	
<b>Membership group/category</b> (e.g. all staff/managerial staff/EC**)	<b>Degree of employment</b>	<b>Language</b> <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> E <input type="checkbox"/> I	<b>Declared annual salary in CHF</b>	<b>VTB* base CHF</b>	<b>VTB* base CHF</b>
<b>Surname</b>	<b>First name</b>	<b>Date of birth</b>	<b>Gender</b> <input type="checkbox"/> m <input type="checkbox"/> w	<b>Civil status</b>	
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\* VTB = Vested termination benefit

\*\* EC = Executive Committee