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## Request for a one-off recalculation of the old-age pension after the reference age

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### Identity

Last name, first name

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Date of birth

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OASI No.

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E-mail

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Telephone No.

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If the form is completed by a representative, please provide your contact details:

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Last name, first name, street, post code, place

**Have there been any changes to your personal situation (marital status, birth/adoption of a child, change of address, etc.) since you applied for your old-age pension?**

yes       no

If **yes**, please state the changes/events below and attach the corresponding supporting documents to this form.

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### Details of professional activity

Are you self-employed?       yes       no

If yes, please enclose tax documents issued after the reference age.

Are you employed?       yes       no

If yes, please list all the employers for whom you have worked after the reference age and enclose the corresponding salary certificates to this form.

#### Employer 1

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Name, address

Duration of employment  
from

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mm, yyyy

until

---

mm, yyyy

#### Employer 2

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Name, address

Duration of employment  
from

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mm, yyyy

until

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mm, yyyy

If there are any other employers, please list them on a separate sheet attached to this form.

### Important information

- The recalculation of the old-age pension after the reference age is only made once.
- Any contributions paid subsequently cannot be taken into account for a new calculation of the OASI pension.

### Request for recalculation

#### From which month should the recalculated pension be paid to you?

(at the earliest, the month following submission of this form)

year / month

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### Documents enclosed with the request (copies)

*Please put a cross in the boxes corresponding to the documents you are attaching:*

- Salary certificates issued after the reference age, showing the deductible allowance, if applicable
- Tax documents issued after the reference age
- Official documents: \_\_\_\_\_

**Date**

**Signature**

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This form must be returned **by post** to the following address:

Swiss Compensation Office  
P.O. Box 3100  
1211 Geneva 2  
Switzerland

or by e-mail to: [sedmaster@zas.admin.ch](mailto:sedmaster@zas.admin.ch)