



## Request for benefit estimate / forecast

Please submit to one compensation office only.  
Mark the appropriate box when requested.

Swiss insurance number / Group

### 1. Identity of the insured person

for married or widowed women: indicate the maiden name as well

1.1 Last name \_\_\_\_\_

indicate all names and underline the one normally used

1.2 First & middle names \_\_\_\_\_

day, month, year

1.3 Date of birth \_\_\_\_\_

1.4 Residence and mailing address \_\_\_\_\_  
postal code, exact locality, country

Telephone number with area code \_\_\_\_\_

1.5 Civil Status \*      single       married since      widowed since      divorced since      separated since

Mark box if applicable or indicate the exact dates of each marriage	1° marriage	_____	_____	_____	_____
	2° marriage	_____	_____	_____	_____
	3° marriage	_____	_____	_____	_____

Last name, first and middle names, date of birth of former spouse(s)

\_\_\_\_\_  
\_\_\_\_\_

1.6 Swiss nationals      place of origin/canton      Swiss nationality since

Foreign nationals      nationality/ies \_\_\_\_\_  
\_\_\_\_\_

Swiss insurance number

### 2. Identity of the insured person's spouse

for married or widowed women: indicate the maiden name as well

2.1 Last name \_\_\_\_\_

indicate all names and underline the one normally used

2.2 First & middle names \_\_\_\_\_

day, month, year      nationality

2.3 Date of birth \_\_\_\_\_

\* **LPart** = Federal Law on civil partnerships between persons of the same sex. In this form, the civil status designations also have the following meanings: • marriage: civil partnership, • divorce: legal dissolution of the civil partnership, • widowhood: death of the civil partner.

### 3. Information regarding the insured person's children

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#### 3.1 Own children including adopted ones

last name	first and middle names	date of birth (day, month, year)	date of death, if applicable (day, month, year)	sex (m or f)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

#### 4. General information

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4.1 Did the insured person reside in Switzerland after January 1, 1948? For foreign nationals: indicate the type of permit (seasonal, frontier, residence or annual permit)

locality	from	to	type of permit
_____	_____	_____	_____
_____	_____	_____	_____

Exact date of entry into Switzerland: \_\_\_\_\_

4.2 Indicate occupation periods (employed or self-employed) in Switzerland since January 1, 1948

employer and profession	locality	from	to
_____	_____	_____	_____
_____	_____	_____	_____

4.3 Did the insured person's spouse reside in Switzerland after January 1, 1948? For foreign nationals: indicate the type of permit (seasonal, frontier, residence or annual permit)

locality	from	to	type of permit
_____	_____	_____	_____
_____	_____	_____	_____

Exact date of entry into Switzerland: \_\_\_\_\_

#### 4.4 Early retirement

Do you intend to retire early?                                  no     yes     :    1 year         2 years

4.5 For insured persons who are still contributing to Swiss OASI (compulsory or optional insurance)

Do you intend to change the employment rate?                                  yes         no

If yes,

a) as of which date ? .....(month/year)

b) to what extent ? .....( in % )

c) unemployed as of .....( month/year)

Place and date:

Signature: