



CLAIM FOR THE REFUND OF OASI CONTRIBUTIONS

IMPORTANT INFORMATION

You **are not entitled** to the reimbursement of your contributions if you are a national:

- of a European Union Member State
- of a country with which Switzerland has concluded a social security agreement which does not explicitly provide for the reimbursement of contributions

For further information please consult our website: www.zas.admin.ch

Documents to be enclosed with your request:

- Copy of the OASI certificate (if available).
- Copy of the official confirmation of departure from Switzerland (if available).
- Current nationality certificate or copies of all valid passports for yourself and your family: spouse and children under the age of 25.
- For refugees, a certificate concerning their status is **essential**.
- Legalised, current residence certificate for your family and yourself as well as for the planned place of residence abroad for each member of your family.

The conditions for obtaining a refund of contributions:

- Contributions must have been paid for at least one full year.
- Your family (spouse and children under the age of 25) and you, must have permanently left Switzerland or firmly intend to do so.
- Adult children under the age of 25 may remain in Switzerland without putting a stop to the reimbursement on the condition that they have completed their full-time education.
- The reimbursement request form may be submitted from the moment the intention to leave Switzerland is expressed and after the final departure until the insured person reaches the age of retirement or should the insured person pass away.
- The entitlement to a refund ends **five years** from the attainment of the insured event.

Instructions for completing the form:

- **Please fill in the form with capital letters.**
- OASI = old-age and survivors' insurance; DI = disability insurance.
- Please mention the current surname or the married name.
- All names must be mentioned.
- Please mention all first names in the order given on the birth certificate or according to an official document.
- Please indicate formerly used aliases.
- Please indicate all nationalities the insured person currently holds.
- Please mention the names of the businesses or the full name of the employer. Self-employed persons should write "self-employed".
- Please mention the departure date from Switzerland and **enclose a copy of the official confirmation of departure, if available.**
- Please also mention all deceased, separated and/or divorced spouses.
- For divorced spouses, **please enclose a copy of the divorce decree showing the date of entry into force.**
- Please give the details of a **personal** bank account.
- For the legal representative, **please fill in part 8 and send us a copy of his/her identity card or passport.**
- Please indicate your status (resident, refugee, stateless, ...) in your current country of residence and in the country where you intend to settle except Switzerland.

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Swiss insurance number:	Date received: (do not fill in)
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1. Personal information concerning the insured person or the deceased

1. Surname _____

2. Other names _____
Birth names, married names or previous names

3. First and middle name/s _____

4. Date of birth _____
day, month, year

5. Date of death _____
day, month, year

6. Sex Male Female

7. Nationality _____

8. Do you hold more than one nationality? No Yes, other nationality/ies _____

9. Current civil status Single Married since Divorced since Widowed since Separated since
 _____ _____ _____ _____
 day, month, year day, month, year day, month, year day, month, year

10. Have you been married more than once? No Yes, please mention below the identity of the ex-spouses

	Surname/s	First and middle name/s	Date of birth day, month, year
1 st spouse	_____	_____	_____
2 nd spouse	_____	_____	_____
3 rd spouse	_____	_____	_____

11. Last residential address in Switzerland _____

Post code _____ Town _____ Country _____

12. Residential address abroad _____

Post code _____ Town _____ Country _____
E-Mail _____ Telephone number _____

13. Do you have refugee status in your current country of residence abroad? No Yes

14. Date of your arrival in Switzerland _____
day, month, year

15. Date of your **final** departure from Switzerland _____
day, month, year

16. Has anyone mentioned in this application already received any benefits from the OASI / DI? No Yes, please give us the details in a letter enclosed to this form

2. General information concerning the insured person's residence and gainful employment in Switzerland

1. Where and for how long did you live or reside in Switzerland?
Please indicate the permit type: frontier worker, annual resident, G/L/B/C permit, refugee or other.

Town	from (month, year)	until (month, year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Where and for how long were you gainfully employed in Switzerland?
Please indicate all gainful employments in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Information concerning all of the insured person's children.

Surname	First and middle name/s	Date of birth day, month, year	Sex F/M	Has lived in Switzerland		Date of departure from Switzerland day, month, year
				NO	YES	
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. Personal information concerning the spouse or the widow / widower

1. Surname _____

2. Previous names _____
Birth names, married names or previous names

3. First and middle name/s _____

4. Date of birth _____
day, month, year

5. Nationality _____

6. Does your spouse hold more than one nationality? No Yes, other nationality/ies _____
 7. Current residential address _____
_____8. Has your spouse ever lived or resided in Switzerland? No Yes *

*If yes, please indicate the permit type below: frontier worker, annual resident, G/L/B/C permit, refugee or other

Town	from (month, year)	until (month, year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Has your spouse ever been gainfully employed in Switzerland? No Yes*

*If yes, please provide information concerning all his/her gainful employments in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Date of your spouse's arrival in Switzerland _____
day, month, year11. Date of your spouse's **final** departure from Switzerland _____
day, month, year

Swiss insurance number of the ex-spouse

756. _ _ _ . _ _ _ . _ _

5. General information concerning the ex-spouse.
To be completed if the insured person has been married more than once

1. Surname _____
2. Other names _____
Birth names, married names or previous names
3. First and middle name/s _____
4. Date of birth _____
day, month, year
5. Date of marriage _____ Date of divorce _____ Date of death _____
day, month, year day, month, year day, month, year
6. Current residential address _____

7. Has your ex-spouse ever lived or resided in Switzerland? No Yes *

*If yes, please indicate the type of permit below: frontier worker, annual resident, G/L/B/C permit, refugee or other

Town	from (month, year)	until (month, year)	Type of permit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Has your ex-spouse ever been gainfully employed in Switzerland? No Yes *

*If yes, please provide information concerning all his/her gainful employments in Switzerland:

Employer and profession	Town	from (month, year)	until (month, year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. If you have any other ex-spouses, please give us the information listed under parts 5.1 to 5.8 on a separate sheet, which you should enclose with this form or photocopy this page as many times as necessary.

6. Payment address

Name of the bank / post office _____

Address of the bank / post office (street and number) _____

Post code _____ Town _____ Country _____

Bank code (SWIFT/BIC)* _____

* Australia: BSB Number / Canada: Transit Number / USA: ABA Detail

Personal account number or IBAN (International Bank Account Number) compulsory in the European Union:

7. Insured person's statement

The undersigned acknowledges the following:

- once your contributions are reimbursed, you lose your rights to all OASI and DI benefits,
- the refunded contributions cannot be paid back into the OASI/DI scheme,
- once your contributions are reimbursed, your spouse and/or children will no longer be entitled to any survivor's benefits
- the reimbursement amount is subject to withholding tax.

The insured person confirms that he/she **and his/her entire family** (spouse and children under the age of 25) have permanently left Switzerland or intend to permanently reside outside Switzerland.

The undersigned confirms having answered all the questions completely and truthfully. Failure to inform and any false allegation are punishable. The Swiss compensation Office reserves the right to act by all possible means when necessary. Benefits paid wrongly on the basis of false information or misrepresentation will have to be paid back.

Place and date

Signature of the insured person or of the claimant

Observations:

Please send this form by post to the following address:

**Swiss Compensation Office SCO
Avenue Edmond-Vaucher 18
POB 3100
1211 Geneva 2
Switzerland**

8. Power of attorney (optional)

The insured person:

Surname and first name: _____

Date of birth: ____-____-____

Address: _____

Zip / Postal code: _____

Town / City: _____

Country: _____

E-mail address: _____

gives power of attorney to (representative):

Surname and first name: _____

Date of birth: ____-____-____

Address: _____

Zip / Postal code: _____

Town / City: _____

Country: _____

E-mail address: _____

to represent them, consult the file, receive all correspondence and act on their behalf with the Central Compensation Office and its units in all matters concerning the OASI (old-age and survivors' benefits).

Valid until _____ (i.e. end of the procedure, specific date...)

! Unless otherwise stated, this power of attorney remains valid until revoked!

Date: Signature of the insured person: Signature of the representative:

Please attach a copy of the insured person's as well as the representative's identity documents to this power of attorney.