

State of health

Employer

Company Contract N°

Person details of insured

Last name

First name

AVS N° . . . Date of birth / /

E-mail Telephone

State of health

Are you in good health? yes no

If not, please give us some information? (reason, diagnosis, date of event, name of doctor, hospital, address, ...)

Have you any health restrictions which might have repercussions on your work capacity or that may lead to repercussions on your work capacity over the next two years? yes no

If yes, please give us some information? (reason, diagnosis, date of event, name of doctor, hospital, address, ...)

Are there any reservations regarding your state of health or a risk premium with your current pension fund? * yes no

***Required documents:** Copy of the reservation and the last pension fund certificate.

Have you visited a doctor, a psychologist or a therapist during the last five years or have you received any treatment? yes no

If yes, please give us some information? (reason, diagnosis, date of event, duration, recovery without sequels, name of doctor, hospital, address, ...)

