

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, ...)

State of health

Do you have any plans to visit a doctor, to be hospitalized, to stay at a health resort or to undergo out-patient surgery? yes no

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

Confirmation by the new employee

I hereby authorize the doctors listed and the Fondation Collective Opsion to supply information to their reinsurer on my state of health and/or my current pension plan and to use and process my data within the limits of the present form. The reinsurer of Fondation Collective Opsion undertakes to treat the data received confidentially.

By my signature, I confirm that I have answered the questions asked in a complete and truthful manner. Should the above information be incorrect, the Fondation Collective Opsion and their reinsurer have the right to refuse benefits.



Additional information

Please return this form to us within 10 working days.

Reservations for health conditions are valid for a maximum of five years. Reservations for pre-existing health conditions are taken over by the Fondation Collective Opsion.

Signature

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Place	<input type="text"/>
	<input type="text"/>

Signature of the insured
