

Form for active insured persons

Registration of a domestic partnership

(for a surviving partner's pension as set forth in Art. 32 of the Pension Fund Regulations)

Send to: Pension Fund of the Siemens Companies in Switzerland,
Freilagerstrasse 40, 8047 Zurich

Insured person

Last name:	First name:
Date of birth:	Insurance no.:
Marital status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered partnership <input type="checkbox"/> Dissolved partnership	
Marital status since (date):	Employer:
Tel. no.:	E-mail address:

Domestic partner Person in the same household

Last name:	First name:
Social security no.:	Date of birth:
Marital status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Registered partnership <input type="checkbox"/> Dissolved partnership	
Marital status since (date):	

Details of the joint home

Street name, no.:		
Postcode:	City:	Country:
Date of moving into joint home:		

Joint children

Do you have joint children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last name/first name:	Date of birth:
Last name/first name:	Date of birth:

Notes

1. This declaration of domestic partnership must be submitted during the lifetime of the insured person.
2. Entitlement to payment of a surviving partner's pension depends in all cases on the circumstances at the time of the insured person's death and on the provisions of the law and of the Pension Fund Regulations valid at the time of the insured person's death.
3. The parties confirm that they are not subject to any impediments to marriage or impediments to the registration of a partnership pursuant to the Partnership Act (PartG; in particular kinship, cf. Art. 95 of the Swiss Civil Code).
4. It is not until the insured event has occurred that the Siemens Pension Fund checks whether the conditions for payment of a surviving partner's pension are fulfilled. Furthermore, the Siemens Pension Fund is entitled to make further inquiries regarding the domestic partnership when processing a claim.
5. The insured person undertakes to inform the Siemens Pension Fund in writing without delay if they stop cohabiting with the above-mentioned person in a joint household or if the domestic partnership with the above-mentioned person is terminated.
6. The claim must be submitted to the Pension Fund in writing within 90 days of the death.

Confirmation

The undersigned hereby declare that since _____
they have been sharing permanent undivided living accommodation at a fixed common place of residence as domestic partners.

Place/date

Signature of insured person

Place/date

Signature of domestic partner