

## Membership application

The employer :

Corporate name \_\_\_\_\_

Address \_\_\_\_\_

Postal code / Town \_\_\_\_\_

hereby applies to join the Groupe Mutuel Prévoyance occupational benefits scheme for its personnel.

The desired insurance coverage is that which is set out :

in the plan in accordance with our offer dated \_\_\_\_\_ alternative N° \_\_\_\_\_

The delay for disability benefits is set at:

12 months

24 months

In the case of the chosen delay being 24 months, the Employer certifies that all its employees are insured for loss of earnings due to health reasons for a period of 720 days.

The Employer also confirms that it has received a copy of the Pension Plan Regulations and the Statutes and that it agrees with their contents.

The Employer certifies that a notification of new membership was filled in for each employee to be insured; the possible cases of work disability or invalidity are mentioned on an attached list of names.

Any cases of disability or death which predate the validity of this agreement shall continue to be covered by the contractual rules and regulations applicable when the insured event occurred.

Did the employer conclude, with other pension funds, membership agreements whereby certain employees are simultaneously insured by several pension funds (art.1a OPP2/BVV2)?

no  yes If yes, by which pension fund(s) : \_\_\_\_\_

Effective as of : \_\_\_\_\_

Place and date \_\_\_\_\_

Signature \_\_\_\_\_

Attachments: Pension Plan Regulations and statutes