

Request form for contribution free pension build-up due to occupational disability

This request form is used for applying for contribution free pension build-up due to occupational disability with Bpf Koopvaardij.

What you send together with this form:

- a copy of the letter with the definitive decision by the UWV (Uitvoeringsinstituut Werknemersverzekeringen) which contains, among other things, the daily wage, the benefit percentage and the commencement date of the WIA- or WAO-benefit.

Questions below to be filled in by employee

Personal details

Customer number: _____

Initials: _____

Last name: _____

Date of birth: _____

Street and housenumber: _____

Postal code and place: _____

Country: _____

Telephone number: _____

Marital status: _____

When was your first sickday? _____

Per what date are you receiving a WIA- or WAO-benefit? _____

Are you completely occupationally disabled? Yes No

Are you still in service with the employer? Yes No

Date of leaving service: _____

Undersigned declares:

- that the filled in information that applies to him/her, is correct;
- that he/she delivers all the information that has influence on the height and the continuation of the WIA- or WAO-benefit;
- that he/she supplies a statement which states to what degree he/she still is entitled to a WIA- or WAO-benefit;
- that he/she informs Bpf Koopvaardij directly if there is a change in the entitlement to occupational disability benefit.

The undersigned also authorises the persons and organisations mentioned in Article 73, first paragraph of the Wet structuur uitvoeringsorganisatie werk en inkomen (Wet SUWI), in granting her/his personal details to Bpf Koopvaardij and PGGM as administrator of the pension fund. This authorisation is granted for the processing of the contribution free build-up of pension due to occupational disability with Bpf Koopvaardij.

Your signature

Place _____

Date _____

Signature _____

Questions below are to be filled in by employer

When did the employee enter your service? _____

Was the employee partially occupationally disabled upon entering service? _____

Is the employee currently completely occupationally disabled? _____

When does the employment end? _____

(make sure you enter this using the Koopvaardij Portaal).

Employer's signature

Place _____

Date _____

Signature _____