

Conditions of acceptance for insurance under group life contracts

Swiss Life Ltd, Zurich (Swiss Life)

Effective date: 1 May 2012

Art. 1 Standard Conditions for Employees

1 - Benefits Within the Framework of Mandatory Insurance (BVG)

Admittance to the insurance shall take place without evidence of health.

Should an applicant, before or at the time of his or her admittance to the insurance, not be in possession of full capacity to work and provided the incapacity for work does not constitute disability within the meaning of the BVG, and should the cause of this incapacity to work lead to disability or death within the period of time stipulated by the BVG, then the liability to pay benefits may become void in accordance with Art. 18 and 23 BVG.

2 - Benefits Within the Framework of Non-mandatory Insurance

Every applicant fully able of working will be accepted for insurance without having to undergo a medical examination, provided that the risk sum insured under the proposed coverage and any already insured benefits do not exceed CHF 1.0 million. If only one person is insured in the contract, the applicable risk sum is 0.7 million.

3 - Evidence of Health / Reservations with Regard to the Liability to Pay Benefits

If a health examination is required, it will be on the basis of a special *Medical examination* form with specific questions. Swiss Life reserves the right to ask for a medical examination by a physician. The result of such an examination may lead to reservations with regard to the liability to pay non-mandatory benefits (limitation for pre-existing conditions) in connection with a certain illness, an accident that has taken place or its consequences, for a period not to exceed five years .

The benefits which have been brought into the insurance as vested benefits shall not be affected by these reservations. Should, however, the previous employee benefits institution have fixed certain reservations with regard to the liability to pay benefits, then these may be assumed until their planned expiry, but not beyond a total period of five years.

Art. 2 Standard Conditions for Voluntary Insurance for Self-employed Persons

1 - Benefits Within the Framework of Mandatory Insurance (BVG)

Acceptance into the insurance shall take place without evidence of health if the self-employed person was insured on a mandatory basis for at least six months and insures himself or herself within one year on a voluntary basis. Should these prerequisites not be fulfilled, then acceptance into the insurance as described under cl. 2 shall take place. Reservations with regard to the liability to pay benefits due to health reasons may not exceed three years (Art. 45 BVG).

2 - Benefits Within the Framework of the Non-mandatory Insurance

The requirement of evidence of health is dependent on the currently valid Conditions of Acceptance for Swiss Life's individual insurance. Reservations with regard to the liability to pay benefits due to health reasons may take place in accordance with Art. 1 cl. 3.

Art. 3 Sums at Risk

The death and disability coverages each involve a sum at risk but only the greater of these sums is taken into account.

The sum at risk will be equal to the initial sum insured plus ten times the pension payable per annum. In the case of disability insurance, a waiver of premiums for the full insurance shall be taken into account as pension payments. Where the maximum period of payments is less than 10 years, the total amount of pensions payable shall be the sum at risk.

Orphan's pensions and pensions for children of disabled persons will not be included in the determination of the sums at risk.

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