

## Information on the third pillar

### OSA Consulting GmbH



|                                |   |
|--------------------------------|---|
| Gender                         | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| First name                     |   |
| Surname                        |   |
| Date of birth                  |   |
| Address                        |   |
| Postcode, city                 |   |
| Mobile phone number            |   |
| E-Mail                         |   |
| Nationality                    |   |
| Authorisation                  | <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> F   |
| Smoker                         | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Language documents             | <input type="checkbox"/> DE <input type="checkbox"/> FR <input type="checkbox"/> IT <input type="checkbox"/> EN   |
| Employment relationship        | <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Unemployed <input type="checkbox"/> Apprentice |
| Employment in %                |   |
| Highest education              |   |
| Professional activity          |   |
| Industry                       |   |
| Function                       | <input type="checkbox"/> Employee <input type="checkbox"/> Team Leader <input type="checkbox"/> Higher cadre  |
| Company                        |   |
| Company address                |   |
| Postcode, city company         |   |
| US-Person                      | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Start of contract              |   |
| Monthly premium                |   |
| Pension certificate            | <input type="checkbox"/> Yes ( <b>please enclose</b> ) <input type="checkbox"/> No  |
| Currently undergoing treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Treatment last 5 years         | <input type="checkbox"/> Yes <input type="checkbox"/> No  |