



# CERN Pension Fund

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## Preparing for retirement



# Retirement Pension

## REMINDER:

	Member before 01.01.12	Member on or after 01.01.12
<b>Official retirement age</b>	65	67
<b>Amount of retirement pension</b>	2% last reference salary	1.85% average of the last 36 months of reference salary
<b>Minimum years of membership</b>	5	5
<b>Maximum years of membership</b>	35	37 years and 10 months



## Anticipated Retirement Pension (Art. II 2.05)

### a) For members who joined the Fund on or before 30 June 1987

Age at first payment of the anticipated retirement pension	Factor (%)
60 to 64	100.0
59	93.3
58	87.2
57	81.7
56	76.7
55	72.1
54	67.8
53	63.9
52	60.3
51	57.0
50	54.0

### b) For members who joined the Fund between 1 July 1987 and 31 December 2011, inclusive

Age at first payment of the anticipated retirement pension	Factor (%)
64	92.3
63	85.8
62	80.0
61	74.9
60	70.3
59	66.1
58	62.1
57	58.5
56	55.1
55	51.9
54	49.0
53	46.2
52	43.7
51	41.3
50	39.1

### c) For members who joined the Fund on or after 1 January 2012

Age at first payment of the anticipated retirement pension	Factor (%)
66	93.5
65	87.6
64	82.3
63	77.5
62	73.0
61	69.0
60	65.2
59	61.7
58	58.5
57	55.5
56	52.8
55	50.2
54	47.8
53	45.6
52	43.5



# Deferred Retirement Pension

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- end of contract before the applicable retirement age
- retirement pension deferred to 65/67 years of age
- anticipated retirement pension from the age of 50/52 onwards

# Benefits / Contributions

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## Benefits that can be added to the basic pension:

- + family allowance
- + child allowance

## Contributions that can be deducted from the basic pension (optional):

- health insurance (main premium + complementary for spouse)
- life insurance

## Reminder:

Educational fees are not reimbursed to beneficiaries



# Child allowance

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**To prolong entitlement to dependent child allowance you need to:**

- a) complete the «declaration of intent» (sent in June/July)
- b) send the relevant proof of enrollment

***In case of failure to return this form/certificate, payment of child allowance will be suspended***



# Pensions payment

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- pensions are paid in CHF in Switzerland
- between the 6 and the 8 of each month
- payment dates can be found on our Website and in the CERN Bulletin in December





# Departure formalities

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# Application for a pension (for example)

**APPLICATION FOR A PENSION**

Beginning of pension .....

Name, first name ..... Identity number .....

Date of birth ..... Nationality ..... Marital status\*  
\* if previously divorced / partner  
 copy of judgment / document of dissolution

Preferred language      English       French

**Bank account number in Switzerland** (for pension and medical reimbursements)  
 Please attach bank account details (IBAN / SWIFT): .....

**Spouse/Partner**

Name (where different)	First name	Date of birth	Date of marriage/partnership	Uniga number
.....	.....	.....	.....	.....

**Dependent children**

Name (where different)	First name	Sex	Date of birth	Uniga number
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Private address** .....  
(street, zip code, city, country)

**E-mail address** .....

**Health insurance** (please tick the appropriate boxes)

I wish to continue membership of the health insurance scheme.  
 My spouse has a health insurance policy other than Uniga  
 No      Additional premium paid to Uniga for spouse ..... CHF  
 Yes      Name of the health insurance .....

I discontinue membership of the health insurance scheme.

**Life insurance** (please tick the appropriate box)

I wish to continue membership (fill in the enclosed form)       I discontinue membership

*Person to contact in case of emergency (name, surname, relation, phone and/or email)*  
 .....

Date:      Signature:



# Confidential Declaration of Family Situation (CDFS)



## Confidential Declaration of Family Situation - CDFS

CERN Health Insurance Scheme  
Régime d'Assurance Maladie du CERN  
11/2005

YOU MUST COMPLETE THIS FORM IF YOU ARE MARRIED OR SEPARATED:

- **Every time** the income or insurance of your spouse changes

PLEASE SIGN AND RETURN IT TO: Benefits Service- CERN Pension Fund CH-1211 GENEVE 23

### Beneficiary of the Pension Fund

Surname and first name(s) .....

(BLOCK LETTERS)

Insurance number (see your insurance card) .....

Marital status: Married  / separated

### Your Spouse

Surname and first name .....

Country of residence:

Country of professional activity:

**1** Does your spouse have an income or pension (incl. CERN pension) excluding unemployment and invalidity benefits    YES     NO

**2** Is your spouse a staff member, fellow or student at CERN?    NO     YES     CERN id.....

**3** Does your spouse have health insurance cover other than that of the CERN Health Insurance Scheme?    NO     YES     If YES, please indicate the name of this insurance: .....

**4** External health insurance valid in:    Switzerland     France     Elsewhere   
Annual deductible (amount paid by insured party before insurer reimburses): Amount: .....    Currency: .....

**5** Indicate the **monthly gross income** or **monthly gross retirement pension** of your spouse deriving from professional activity.

**Income:** any salary, remuneration, honoraria or fees received due to professional activity; unemployment, maternity and invalidity allowances are not regarded as income.

Up to	2,500 CHF inclusive	<input type="checkbox"/>
More than	2,500 and up to 4,250 CHF	<input type="checkbox"/>
More than	4,250 and up to 7,500 CHF	<input type="checkbox"/>
More than	7,500 and up to 10,000 CHF	<input type="checkbox"/>
More than	10,000 CHF	<input type="checkbox"/>

**Attestation of the spouse**

I, the undersigned, certify that the information given above regarding me is correct and complete.

Signature of the spouse: .....    Date: .... / .... / .....

**Attestation of the main Member**

In case of a change in situation, on what date did it occur? (dd/mm/yyyy)    .... / .... / .....

I, the undersigned, certify that all the information given above is correct and complete.

Signature: .....    Date: .... / .... / .....

Failure to return this declaration form **duly completed and signed by the Member and the Spouse** constitutes a breach of article III 6.01 of the rules of the CERN health insurance.

# Life insurance application form



Request for transfer / amendment to the life insurance for the beneficiaries of the CERN Pension Fund

Regarding the transfer, it must take place the first day of the month following the end of your contract. This form should be returned to the Pension Fund at least 60 days before the transfer date.

### Person to be insured

Surname .....  
First name .....  
Date of birth .....  
Address .....  
.....  
.....

### Bases of insurance to be concluded / amended

Transfer / amendment date (1st of the month) .....  
Amount of lump sum death benefit to be insured CHF .....

### Beneficiary clause

Please tick your choice :

- 0.1 In case of death the capital is paid as follows  
to the spouse, even if separated, or to the person named in a partnership agreement that meets the definition of the CERN Staff Rules and Regulations, in the absence of whom  
to the children, in the absence of whom  
to the father and mother, in the absence of whom  
to the other legal heirs.
- 0.2 As an exception to the above article 6.1, the Insured person may designate one or multiple beneficiaries of his/her choice by written notice to the Pension Fund, either at the time of the transfer or during his/her insurance membership.  
The beneficiary must be clearly identified (surname, first name, date of birth, address) : complete section overleaf

*Where the wording of the beneficiary clause is unclear or ambiguous or if there are no designated beneficiaries left, article 6.1 is applied by the insurer.*

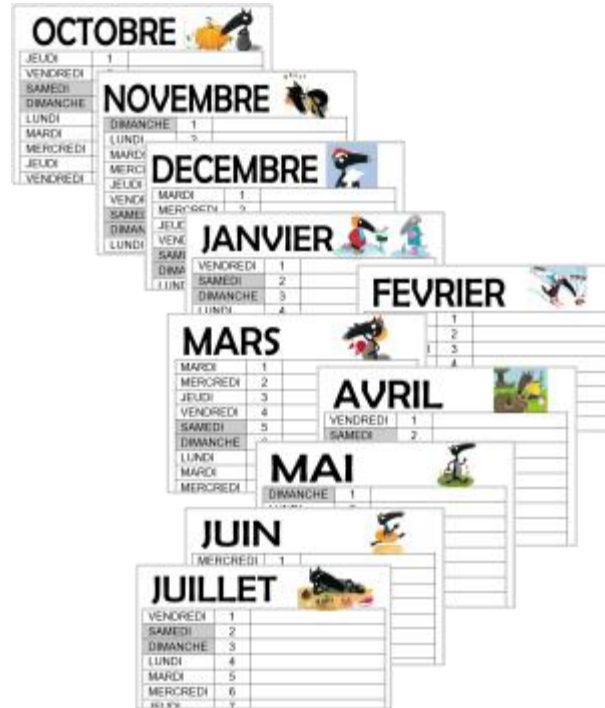
CERN and the Pension Fund accepts no liability for the declarations given by the insured person.

Place and date	Signature of the person to be insured	CERN Pension Fund
.....	.....	.....

THE TRANSFER / AMENDMENT FORM IS CONSIDERED TO BE A STATEMENT OF INSURANCE



# Annual documentation



## Monthly breakdown (January)



European Organization for Nuclear Research  
Organisation européenne pour la recherche nucléaire

CAISSE DE PENSION DU CERN

CERN PENSION FUND

CH 1211 Geneva 23

Télécopie/Telefax: +41 22 767 69 95

Téléphone/Telephone:

+41 22 767 87 98

+41 22 767 91 94

+41 22 767 27 38

E-mail: [pension-benefits@cem.ch](mailto:pension-benefits@cem.ch)

<http://pensionfund.cern.ch>

Mr

Geneva, 22/01/2016

### **Monthly breakdown from 01/01/2016** *(for information)*

#### **BENEFITS**

Pension	5'000.00 CHF
Orphan's pension	0.00 CHF
Family allowance	690.00 CHF
Dependent child allowance	491.00 CHF

**TOTAL BENEFITS** 6'181.00 CHF

#### **CONTRIBUTIONS**

Health insurance	-200.00 CHF
Spouse supplementary health insurance	-162.00 CHF
Life insurance	- 52.00 CHF

**TOTAL CONTRIBUTIONS** -310.00 CHF

**NET AMOUNT** 5'871.00 CHF

NB: as at 01/01/2016 your individual accumulated loss of purchasing power is of 1.51%



## Statement for declaration of income (February)

CERN

CH 1211 Genève 23

Télécopie/Telefax: +41 22 766 75 93

Téléphone/Telephone:

+41 22 767 27 38

+41 22 767 91 94

+41 22 767 87 98

E-mail: [pension-benefits@cern.ch](mailto:pension-benefits@cern.ch)

<http://pensionfund.cern.ch>

M.

Genève, février 2015

### ATTESTATION POUR VOTRE DECLARATION DE REVENUS 2014 STATEMENT FOR DECLARATION OF YOUR 2014 INCOME

Nous soussignés, Caisse de Pensions de l'Organisation Européenne pour la Recherche Nucléaire (CERN), certifions par la présente vous avoir versé les prestations suivantes du 01.01.2014 au 31.12.2014 :

We the undersigned, Pension Fund of European Organization for Nuclear Research (CERN), hereby certify that we have paid you the following benefits from 01.01.2014 to 31.12.2014:

Pension de Retraite Retirement Pension	xxxx CHF
Allocation de famille Family allowance	+ xxxx CHF
Allocation pour enfant(s) à charge Dependent child(ren)'s allowance	+ xxx CHF
Cotisation à la caisse maladie Health insurance contribution	- xxx CHF
Cotisation à l'assurance décès Life insurance contribution	- xx CHF

Matthew Eyton-Jones  
Chief Executive Officer, CERN Pension Fund



## "Life certificate " (December)

This questionnaire is sent each year in December just before CERN end-of-year closure.

It has to be returned by 31 January at the latest.

***In case of failure to return this form, payments will be suspended.***

### IMPORTANT :

If absent during this period, please contact us before you go away.



Formulaire à retourner à / Form to be returned to

CAISSE DE PENSIONS DU CERN / CERN PENSION FUND  
SERVICE DES PRESTATIONS / BENEFITS SERVICE  
1211 GENEVE 23  
SUISSE / SWITZERLAND  
Bureaux / offices 5/5-019 5/5-021 5/5-023 ☎ +41 22 767 87 98  
Fax +41 22 767 69 95

Mr XXXX  
Rue du CERN  
1211 GENEVE 23

au plus tard le **31.01.2015** / at the latest on **31.01.2015**

Données personnelles "certificat de vie" au 01.01.2015  
Personal data "life certificate" at 01.01.2015

\* 440\*

Remplir la partie droite **UNIQUEMENT EN CAS DE CHANGEMENTS**  
Fill in the right side **ONLY IN CASE OF CHANGES**

Adresse Address

Rue/Street

Rue du CERN

Pays, ville et code postal/Country, town and post code

1211 GENEVE 23

Etat-civil Marital status

Marié(e) / Married

Tél. et/ou courriel Tel. and/or e-mail

022 767 61 11

Autres changements ou communications Other changes or communications

**Le non-retour de ce formulaire engendrera une suspension du versement de votre pension  
In case of failure to return this certificate, the payment of your pension will be suspended**

Lieu et date / Place and date :

Signature du bénéficiaire / of beneficiary

Signature du conjoint / of spouse



# Duty to provide information

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## IMPORTANT:

- Beneficiaries have to inform the Benefits Service, within 30 calendar days, of any change in their personal data (marital status, address, bank account,...)



# In case of death

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- the Benefits Service of the Pension Fund to be contacted as soon as possible
- **IMPORTANT :**  
Surviving spouse's and/or orphan's benefits are paid in CHF into his/her personal bank account in Switzerland or into a joint account



# Pension for Surviving Spouse

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- **Entitlement to pension for surviving spouse:**  
the spouse of a beneficiary whose marriage dates from at least 5 years prior to the decease
- **Amount:**  
**55%** of the pension of the deceased beneficiary + a fixed sum of 564 CHF (on the basis of the maximum years of membership).
- **NB:** since 1 August 2006, in the case of marriage to a beneficiary, the spouse has no entitlement to a surviving spouse's pension (Art. II 5.08); however, the beneficiary can buy the right (Art. II 5.09).

Family allowance is not covered by the purchase of this right, nor can it be bought.



# Divorced former spouse(s)

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Entitled to pension if:

- the marriage had lasted 10 years or more

**AND**

- the ex-spouse was receiving an alimony

**AND**

- he/she is 45 years of age or more at the time of the death of the former spouse. This age limit shall not apply if the survivor has at least one dependent child at the time of decease.

**The amount of the pension for surviving spouse cannot exceed the amount of the alimony**



# Orphan's Pension

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- Due to a "dependent child" recognised by CERN before the end of contract
- It is paid up to the **age of 20** to children who are unmarried and not holders of a full-time employment.  
It will be paid to children **over 20 and under 25 years of age** who are attending an educational establishment full time or are in vocational training
- equal to:
  - 24%\* for 1 orphan
  - 34%\* for 2 orphans...
  - of the last reference salary
- **NB:** Not applicable to children born after the 1st day of retirement (Art. II 6.09)



# Other information

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- [pension-benefits@cern.ch](mailto:pension-benefits@cern.ch)
- Building 5, 5<sup>th</sup> floor
- Web site: <http://pensionfund.cern.ch>
  - Rules and Regulations of the CERN Pension Fund
  - Financial statements
- Annual information meeting

