

# COPRE

## NOTIFICATION OF CHANGE

Affiliated company: ..... Contract No.: .....

### Personal data of the insured person

Name and first name: ..... Date of birth: .....

AVS No.: ..... Gender:  M  F

### The mutation below is notified with respect to the person insured

Salary / degree of activity

New annual AVS salary from: ..... CHF: .....

Degree of activity: .....%

Remark: A medical examination is required when the insured person exceeds for the first time the limit of CHF 300'000, then at each salary increase of more than 20%. (We will send a health questionnaire to the insured person)

Change of plan / category

Date of change: .....

New plan / category: .....

Change of civil status

Civil status from: .....  single  married  divorced  
 bound by a registered partnership  partnership dissolved  widow(er)

Supporting duties

With supporting duties, from: .....

Without supporting duties, form: .....

New address:

.....  
.....  
.....

Other reason for change:

.....

Place and date: ..... Stamp/Signature of employer: .....