

COPRE

NOTIFICATION OF EXIT

Affiliated company: Contract No.:

Personal data of the insured person

Name and first name: Date of birth:

AVS No.: Gender: M F

Address:

Tel. Private//mobile: E-mail:

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

Indications concerning exit

Date of exit (salary paid until):

Is the insured person unable to work due to an illness or accident? yes no

- If yes, please enclose the "notification of inability to work"

Is it a matter of early retirement? yes no

- If yes, we will contact the insured person directly within the next few days.
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Place and date : Stamp/Signature of employer :

If the insured person has all the elements necessary for the transfer of his/her exit benefits, he/she may already complete the form overleaf