

COPRE

NOTIFICATION OF LIVING TOGETHER

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: Mail:

Civil status from: single married divorced

bound by a registered partnership partnership dissolved widow(er)

Live-in companion

Name:

First name:

Date of birth:

Gender:

Start of living together (date):

Enclose a photocopy of an identity document

Confirmation of living together by the person insured

The person insured confirms by his/her signature the existence of a state of living together assimilable to marriage or a registered partnership, and also confirms having taken note of articles 27 to 32 of the pension regulations.

Place and date: Signature of the insured person: