

COPRE

UNPAID LEAVE

Affiliated company: Contract No.:

Personal data of the insured person

Name and first name: Date of birth:

AVS No.: Gender: M F

Unpaid leave

Period: from to

During an unpaid leave, the insurance shall be maintained as follow

- Retirement benefits (saving contributions) and risks benefits are maintained
- Retirement benefits (saving contributions) are suspended and risks benefits are maintained
- Retirement benefits (saving contributions) and risks benefits are suspended. (During this period the affiliated person is not covered)

Place and date: Stamp/Signature of the employer:

Place and date : Signature of the employee: