

# 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  divorced  widow(er)

partnership dissolved

### 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: .....