

# NOTIFICATION OF CHANGE



Company: ..... Contract no: .....

## Personal data of the insured person

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

NSS: .....

## 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

Date of change: .....

Plan:  Basic plan  Plan for executives  Other

### Change of civil status

Civil status from: .....  single  married  divorced

bound by a registered partnership  partnership dissolved  widow(er)

### Birth of child

Name and First name(s): ..... Date(s) of birth: .....

.....

.....

### New address:

.....

.....

### Retired since: .....

### Death on: .....

Entitlement to salary until: .....

### Other reason for change:

.....

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