

NOTIFICATION OF EXIT



Company: Contract no:

Personal data of the insured person

Name and first name: Date of birth :

NSS : Gender : M F

Address:

Tel. Private//mobile:

Civil status, from : single married divorced

bound by a registered partnership partnership dissolved widow(er)

Name and first name of spouse: Date of birth:

Indications concerning exit

Date of exit (salary paid until):

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

If yes, please give some details (dates, causes, etc.):

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