

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 400'000, 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 :