## COMPOSITION OF THE PENSION COMMITTEE



Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative       Signature of representative:         Private address:       Signature of representative:         Employee representative       Signature of representative:         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative       Signature of representative:         Private address:       Signature of representative:         Employer representative       Signature of representative:         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative       Signature of representative:         Signature address:       Signature of representative:         Private address:       Signature of representative:         Signature of representative:       Signature of representative:         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative:       Signature of representative:         Name and first name:       Signature of representative:         Name and first name:       Signature of repre	Company: «employeur»	Contract no: «contrat_nr»
private address: Signature of representative:   Employee representative   Private address:   Signature of representative:   Employee representative   Name and first name:   private address:   Signature of representative:   Employer representative   Signature of representative:   Employer representative   Signature of representative:	Employee representative	
Signature of representative:         Employee representative         Name and first name:         Private address:         Signature of representative:         Name and first name:         Private address:         Signature of representative:         Signature of representative:         Private address:         Signature of representative:         Signature of representative:         Employer representative         Name and first name:         Private address:         Signature of representative:         Signature of repre	Name and first name:	Tel. private/mobile:
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Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Employer representative Signature of representative:   Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Employer representative Signature of representative:   Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Signature of representative Signature of representative:   Private address: Signature of representative:   Signature of representative Signature of representative:   Private address: Signature of representative:   Signature of representative Signature of representative:   Private address: Signature of representative:   Private address: Signature of representative:   Signature of representative Signature of representative:   Private address: Signature of representative:		
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Signature of representative:	Name and first name:	Tel. private/mobile:
Employee representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Employer representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative:       Signature of representative:         Private address:       Signature of representative:         Signature of representative:       Signature of representative:         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative:       Signature         Private address:       Signature of representative:	Private address:	
Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Name and first name: Tel. private/mobile:   Private address: Signature of representative:		Signature of representative:
private address:	Employee representative	
Signature of representative:         Employer representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Employer representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Operative       Signature of representative:         Private address:       Signature of representative:         Signature of the employee representative is by default appointed as chairperson.	Name and first name:	Tel. private/mobile:
Employer representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Employer representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of the employee representative is by default appointed as chairperson.	Private address:	
Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Employer representative   Name and first name:   Private address:   Signature of representative:   Signature of representative:   Private address:   Signature of representative:   Private address:   Signature of representative:   Private address:   Signature of representative:   Name and first name:   Tel. private/mobile:   Private address:   Signature of representative:   Name and first name:   Tel. private/mobile:   Private address:   Signature of representative:   Signature of representative:   Private address:   Signature of representative:   Signature of representative:   Private address:   Signature of representative:   Signature of representative:		Signature of representative:
Private address:	Employer representative	
Private address:	Name and first name:	Tel. private/mobile:
Employer representative   Name and first name:   Private address:		
Name and first name: Tel. private/mobile:   Private address: Signature of representative:   Employer representative   Name and first name:   Private address:   Signature of representative:   Signature of representative:   Signature of representative:		
Private address:	Employer representative	
Signature of representative:   Employer representative   Name and first name:   Private address:   Signature of representative:   Signature of representative:   Name and first name of chairman: If this field is not filled in, the employee representative is by default appointed as chairperson. Place and date: Place and date:	Name and first name:	Tel. private/mobile:
Employer representative         Name and first name:       Tel. private/mobile:         Private address:       Signature of representative:         Signature of representative:       Signature of representative:         Name and first name of chairman:       Signature of representative:         If this field is not filled in, the employee representative is by default appointed as chairperson.         Place and date:       Stamp/Signature of the employer:	Private address:	
Name and first name: Tel. private/mobile:   Private address:		Signature of representative:
Private address:	Employer representative	
Signature of representative:	Name and first name:	Tel. private/mobile:
Name and first name of chairman:	Private address:	
If this field is not filled in, the employee representative is by default appointed as chairperson.		Signature of representative:
Place and date:Stamp/Signature of the employer:	Name and first name of chairman:	
	If this field is not filled in, the employee re	presentative is by default appointed as chairperson.
	Place and date:	Stamp/Signature of the employer:
In the event of membership with only one insured person or failure to return this form, we consider the PC to be waived.		

The affiliated company confirms that the various representatives have been elected in accordance with the principles dictated by art. 30 to 33 of the organisational regulations.