

Notice of change

Employer

Company Contract N°

Plan

Base plan Executive / complementary plan Other

Person details of the insured person

Last name

First name

AVS N° . . . Date of birth / /

E-mail Telephone

The following change is announced regarding the insured person

Salary - rate of activity

Date of change / /

New annual AVS salary (CHF) .

Employment rate (%) .



Depending on the salary increase, the insured person may be required to complete a declaration of health.

Change of plan

Date of change / /

Plan Base plan Executive / complementary plan Other

Change in civil status

single married divorced widow(er)

registered partnership dissolved partnership

If married or bound by a registered partnership, date of marriage / partnership / /

First name of spouse/partner Date of birth / /

If divorced or partnership dissolved, date of divorce / dissolution / /

Birth

First name Date(s) of birth / /

/ /

/ /

