

Notice of transfer / change of data

Employer

Company name: _____ Contract No.: _____

Personne assurée

Name: _____ Social insurance No. : 756. _____

First name: _____ Date of birth: _____

Transfer / change

Change of adress: Address: _____

Postcode/Town: _____

Change of marital status: New marital status: _____

Date of change: _____

New family name: _____

Change of salary: Date of change: _____

New AVS/AHV annualised salary: CHF _____

New activity rate (%): _____

Temporary departure: Suspension of salary as of: _____

Resumption of employment: New period of employment as of: _____

New AVS/AHV annualised salary: CHF _____

New activity rate (%): _____

Incapacity for work / death: Complete the appropriate form:

“Notice of incapacity for work” or “Notice of death”

Comments

Place and date:

Stamp and signature of the employer: