

Notice of transfer / change of data

Employer

Company name _____ Contract No. _____

Insured person

Name _____ Social insurance No. 756. _____

First name _____ Date of birth _____

Transfer / change

Change of address Address _____
Postcode/Town _____

Change of marital status New marital status _____
As of _____
New family name _____

Change of salary Date of change _____
New AVS/AHV annualised salary CHF _____
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:
