

Notification of change

Company

Name: _____

Address: _____

Postal code/Place: _____

Contract N°: _____

Member

Name: _____

First name: _____

Date of birth: _____

Change

New address of the member

Change in civil status

New civil status: _____ From: _____

New family name: _____

Change in salary

New annual AVS/AHV salary

CHF: _____

From: _____

Activity in %: _____

Temporary termination

Salary set to zero

From: _____

Reactivation of the employment

New period of activity

From: _____

New annual AVS/AHV salary

CHF: _____

New activity

in %: _____

Incapacity for work or death

From: _____

Other change: _____

From: _____

Place and date:

Stamp and signature of the employer: