

Notice of admission

Employer

Company name: _____ Contract No.: _____

Personne assurée

Name: _____ Social insurance No.: 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Date of marriage (LPart/PartG): _____

Nationality: _____ Occupation: _____

Language for correspondence: FR DE IT EN Gender: M W

Contractual data

Beginning of contract: _____

AVS/AHV annualised salary: _____

Activity rate (%): _____

Pension plan / group of insured persons: _____

Does the person to be insured have full capacity for work, now and at the time the insurance begins? yes no

Is the person being hired following rehabilitation measures by the AI/IV disability insurance? yes no

Comments

The employer is required to complete the above data and provide its signature.

By its signature, the employer confirms that the above questions have been answered completely and truthfully. In the event of false or incomplete declarations, the Pension Fund may refuse to pay supplemental benefits. The Pension Fund reserves the right to review the admission process based on the information provided.

Place and date:

Stamp and signature of the employer:
