

## 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

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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:

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