GMP
GROUPE MUTUEL
PRÉVOYANCE VORSORGE PREVIDENZA

Notification of new membership

Employer

Company name	Contract N°
Postal code/place	Category (if applicable)

Person to be insured

Name	First name	
Date of birth	Gender	
Insurance N°	Profession	
Civil status	Date of marriage (or registered partnership)	
Language ☐ F ☐ D ☐ I ☐ E	Nationality	
Full address		
Date of joining	AVS/AHV salary, in CHF	Degree of employment, in %

Has the person to be insured currently and at the begin of the insurance full working capacity? ☐ yes ☐ no

Comes the hiring after a reclassification by the disability insurance (AI/IV)? ☐ yes ☐ no

The employer supplements the above information and signs the document.

By signing this document, the employer confirms that it has completely and truthfully answered all the above questions. Should its declarations be false or incomplete, the LPP/BVG Foundation will be entitled to refuse any benefits exceeding the minimum required by law. The LPP/BVG Foundation reserves the right to base its acceptance on the information obtained.

Place, date, stamp and signature of the employer

Groupe Mutuel
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