

Application for free transfer to individual insurance for daily allowance benefits

Information on the insured company

Company name: _____

Postcode/Town: _____

Contract No.: _____

Information on the person leaving the group insurance scheme

Name: _____

First name: _____

Address: _____

Postcode/Town: _____

AVS/AHV number (13 digits): _____

Date of birth: _____

Telephone number: _____

Email address: _____

Date of appointment in the company: _____

Date of departure: _____

Reasons for departure

- end of employment
 departure abroad
 other reasons – to be specified:

Additional information

Has an announcement been made to the unemployment insurance fund? yes no

If yes, please attach a recent statement of unemployment benefits.

Do you have a new job? yes no

If yes, please attach a copy of the employment contract or corresponding salary statement.

Signature of the applicant: _____

Place and date: _____

Please return this form to the email address: offres@groupemutuel.ch