

## Notification of departure

### Information on the insured company

Contract number: \_\_\_\_\_

Company name: \_\_\_\_\_

Postcode/Town: \_\_\_\_\_

### Notifies the departure of the following person

AVS/AHV number (13 digits): \_\_\_\_\_

Name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode/Town: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of entry: \_\_\_\_\_

Date of departure: \_\_\_\_\_

### Reasons of departure

- end of employment
- departure abroad
- other reasons – please specify:

### Additional information

- suggest transfer to an individual contract

Date and place:

Signature and stamp of the employer:

\_\_\_\_\_

\_\_\_\_\_