

## Notice of departure to be completed by the employer

### Employer

Company name: \_\_\_\_\_ Contract No. : \_\_\_\_\_

### Personne assurée

Name: \_\_\_\_\_ Social insurance No. : 756. \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Marital status: \_\_\_\_\_

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

### Data related to the departure

Date of departure/end of contract: \_\_\_\_\_

Last period of work in the current year: from \_\_\_\_\_ to \_\_\_\_\_

AVS/AHV salary for this period – the annual salary announced at the beginning of the year has change

- no  
 yes, CHF \_\_\_\_\_

*enclose a copy of the annual summary of salaries paid*

### Further information

Does the insured person have full capacity for work upon departure?

- yes  
 no\*, since when? \_\_\_\_\_

*\*In the event of incapacity for work for a period longer than the contractual waiting period for the release of premiums, please send us a notice of incapacity for work.*

### Comments

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Place and date:

Stamp and signature of the employer:

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