

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

Place and date:

Stamp and signature of the employer:
