

Notice of departure to be completed by the employer

Employer

Company name _____ Contract No. _____

Insured person

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 CHF _____

(enclose a copy of the annual summary of salaries paid)

Further information

Does the person to be insured 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:
