

## Notice of exit

### Employer

Company  Contract N°

### Person details of insured

Last name

First name

AVS N°  .  .  .  Date of birth  |  |  /  |  |  /  |  |  |  |

E-mail  Telephone

Address

Civil status  single  married  divorced  widow(er)  
 registered partnership  dissolved partnership

### Information concerning exit

Date of exit (salary paid until)  |  |  /  |  |  |  /  |  |  |  |

Has the insured person been dismissed?  yes  no

Reason  economic  reorganization  other

Is the insured person incapacitated for work resulting from an illness or accident?  yes  no

If yes, give some details (dates, causes, etc.)

### Signature

Date  /  /   
Place

Stamp, signature of employer



**If already in possession of the necessary items for his exit benefit, the insured person may here and now complete the form overleaf.**

