

Start of interruption of employment

for seasonal workers (suspension of employment)

Company _____
 Policy no. _____
 Plan _____

Temporary interruption of employment

This form should be used to notify us when an insured party leaves to begin the temporary interruption of their employment and it is highly likely that they will receive a new employment contract in the next six-month period.

Note on permanent departure

Individuals whose employment relationship has been terminated finally because

- They will not receive a new employment contract in the next six-month period,
- They unexpectedly did not resume their work at the end of the temporary interruption,
- Their employment contract was terminated for another reason,
- They are insured with a new pension fund,

must be reported to us as leaving permanently using the 'Notification of departure / Notification of retirement' form.

NI no.	Last name, first name	Employment terminated as of	Fully able to work
1. 756. _____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
2. 756. _____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
3. 756. _____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
4. 756. _____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
5. 756. _____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

Ability to work

We have marked **no** for individuals **not fully** able to work as of the date of departure.

We have marked **yes** for individuals **fully** able to work as of the date of departure.

Place and date

Employer's signature