

Notification of changes

Company _____
 Policy no. _____
 Plan _____

Update on

Last name _____ First name _____
 Street/no. _____ Postcode, town/city _____
 NI no. 756. _____ Date of birth _____
 Telephone _____ Email _____

Change of name _____

New marital status

Married Date of marriage _____
 Divorced Widowed _____
 In a registered partnership since _____
 Legally dissolved partnership
 Partnership dissolved by death

Change in support obligation New support obligation End of support obligation

New plan/company _____

Annual AHV salary _____ CHF **Employment** 100% _____
 (always extrapolated for a full year)

Unpaid leave Start date _____, end date _____

Continuation of in- Continues unchanged Interruption of Suspension (interrup-
 surance coverage: savings process tion of risk cover)
 Assumption of cost: Employee Employer In accordance with
 pension plan

Change in existing incapacity to work / new incapacity to work _____ %

Remarks

Place and date _____ Signature of the insured party (only in the case of unpaid leave)

Place and date _____ Company (stamp and signature)