

Company: _____

Base plan Executive/complementary plan Other: _____

PERSONAL DETAILS OF THE INSURED

Last name: _____ First name: _____

Date of birth: _____ AVS N°: _____

THE FOLLOWING CHANGE HAS BEEN ANNOUNCED CONCERNING THE INSURED PERSON

Salary/rate of activity

New annual AVS salary from: _____ CHF

Note: Depending on the salary increase, the insured person may be required to complete a declaration of health

Employment rate as of: _____ %

Change of plan

Date of change: _____

Plan: Base plan Executive/complementary plan Other: _____

Change in civil status

single married divorced widow(er)

registered partnership dissolved partnership

If married or bound by a registered partnership, date of marriage/partnership: _____

First name of spouse/partner: _____ Date of birth: _____

If divorced or partnership dissolved, date of divorce/dissolution: _____

Birth

First name(s): _____ Date(s) of birth: _____

New address

Address: _____

Retirement

Retirement from: _____

Other reason for change

Place, date: _____ Stamp, signature of employer: _____