

Notification of modifications

Pension fund

Pension Found Nr.	
Employer	

Personal data

Last name		First name	
Date of Birth			

Change of address

Street, House number	
Postal code, City	

Modifications

Valid from :

Last name			
Marital status			
Annual salary (AVS/AHV)			
Insured salary			
Employment rate			
Work capacity			
Marital status		Mandatory financial support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Partner		Date of Birth	

Interruption of employment

Reason	<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Unpaid leave of absence <input type="checkbox"/> Others		
Start		End	
Continued coverage	<input type="checkbox"/> Risk <input type="checkbox"/> Savings		

Other modifications

Place, Date	Signature Employer