

Notification of change in circumstances

Name of company

Member	
Surname and first name	
Social insurance No. 756.	
Date of birth	Sex .. female .. male

Address and marital status	Valid as of
Member's address	
Marital status .. single .. widowed	
.. Married / registered partnership (date) Surname, first name and birth date of partner	
New name	
.. Divorced / reg. partnership dissolved Enclose extract from the official document (photocopy)	
.. Civil partnership Send "Designation of civil partner" form	

Pension data	Valid as of
.. New annual salary, CHF	
.. Level of employment, %	
.. New group	
.. Internal transfer to	
.. Unpaid leave (entire months)	
.. Salary suspension	from to
.. Risk continuation	from to
.. Continuation of risk + saving	from to

Confirmation by employer

Place / date

Signature