

Notification of amendment from the employer

1. Insured person

Company

Surname

First name

Street, no.

Postcode/City/Country

Date of birth

SI number 756.

Tel. no.

E-mail

2. Amendment

Change of language

German

French

Italian

English

Change of address

Valid from

New address in full

Change of salary

Valid from

New OASI annual salary
(monthly salary x 12 or x 13)

Capacity to work

full

none

partial,

%

New level of employment

New plan

Change of civil status

Date of marriage or entry into a registered
partnership

Date of divorce or legal dissolution of a
registered partnership

New name

Partner's surname/first name

Partner's date of birth

➔ Please enclose a copy of the civil status certificate

