

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

Surname	First name
SI number 756.	

Change of support obligation

The insured person has a new support obligation yes
The support obligation has expired yes

Change of nationality

Valid from _____
New nationality _____

Unpaid leave (full months only)

Unpaid leave must be reported where this lasts for more than 30 consecutive days.
Unpaid leave for less than 30 consecutive days does not need to be reported.

Leave start date _____
Leave end date _____

Important note

Approval of an unpaid period of leave in accordance with the Pension Fund Regulations requires a decision from the Administrative Commission from which a clear conclusion can be drawn with regard to continuing the pension. If you do not have a decision of this nature, your customer advisor will be happy to help.

Comments

Place, date

Employer's stamp and signature