

## *Record of the election to the Administration Committee (AC)*

Company \_\_\_\_\_

### **Members for a term of 4 years**

The Administration Committee must have an equal number of employee and employer representatives.

**Term of office**

from

to

The **employees** have elected the following **insured persons** as their representatives:

\_\_\_\_\_  
Name First Name Signature

\_\_\_\_\_  
Name First Name Signature

\_\_\_\_\_  
Name First Name Signature

The **employer** has elected the following **persons** as his representatives:

\_\_\_\_\_  
Name First Name Signature

\_\_\_\_\_  
Name First Name Signature

\_\_\_\_\_  
Name First Name Signature

\_\_\_\_\_  
Date Company stamp and signature

### **Chairman**

Has been elected Chairman for a term of 4 years by the Administration Committee:

\_\_\_\_\_  
Name First Name Signature

\_\_\_\_\_  
Date Signature of the Administration Committee