

Notification of Change (Employer)

Company

Name

First name

Street/no.

ZIP code/town

Date of birth

SI number

756.

Change of salary

Effective as of

New annual salary

New level of employment (%)

New plan

Change in marital status

Effective as of

New name

Name/First name partner

Date of birth partner

➔ Please enclose a copy of an official certificate.

Unpaid leave (full months only)

Beginning of unpaid leave

End of unpaid leave

Important note

An unpaid leave according to art. 7 par. 2 a. and b. of the pension regulations can only be granted if the Administration Committee has taken a decision that clearly regulates the possibility of a continuation of insurance. There is no such decision yet? Please get in touch with your client advisor who will be pleased to help you.

Comments

This document is a translation. In the event of a dispute, the German version shall prevail.

Date

Employer's signature and stamp