

# Notification of amendment from the employer

## 1. Insured person

Company

Surname

First name

Street, no.

Postcode/City/Country

Date of birth

AHV/AVS number

Tel. no.

E-mail

## 2. Amendment

### Change of language

German	French	Italian	English
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### 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

AHV/AVS number

#### 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 about continuing the pension. If you do not have a decision of this nature, your customer advisor will be happy to help.

#### Comments

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Place, date

Employer's stamp and signature