

Notification mutation

Employer

Pension plan

Category

Insured person

Name

First name

Street, No.

Postal code, place

Gender

male

female

Date of birth

Social security number

756.

Change of civil status or name

Civil status new

single

married

divorced

widowed

registered partnership

dissolved partnership

Date of civil status change

New name

Salary change, change of employment degree, change of plan/category *

Date per

New annual salary in CHF

New employment degree in %

Plan/category

new

additionally

Non paid holidays

from

until

continue save and risk contributions

continue just risk contributions

no contributions continued

Fully able to work and employable

yes

no

* rais of salary or change of plan / category can lead to a health check.

Place,

Date,

Signature employer