

Notice of change



Company: Contract n° :

Basic plan Management plan/complementary Other :

Personal data of the insured

Name : First name:

Date of birth: AVS N°:

The following change has been announced concerning the insured person

Salary/rate of activity

New annual AVS salary from: Fr.

Note : Depending on the salary increase, the insured person will be required to complete a declaration of health.

Rate of activity from: %

Change of plan

Date of change:

Plan : Basic plan Management plan/complementary Other :

Change in civil status

married divorced widow(er)
 bound by a registered partnership partnership dissolved

If married or bound by a registered partnership, date of marriage/partnership:

First name of spouse/partner: Date of birth:

If divorced or dissolved partnership, date of the divorce/dissolution of the partnership:

Birth

First name(s): Date(s) of birth:
.....
.....

New address

Address:
.....

Retirement

Retirement from:

Other reason for change

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Date : Stamp, signature of the employer: