

Notice of exit

Company: Contract n° :

Personal data of the insured

Name and first name: Date of birth:

AVS No:

Address:

Civil status: bachelor married divorced widow(er)
 bound by a registered partnership partnership dissolved

Information concerning exit

Date of exit (salary paid until):

Is the insured incapacitated for work resulting from an illness or accident? yes no

If yes, give some details (dates, causes, etc.):

.....
.....
.....

Date: Stamp,
signature of employer:

If already in possession of the necessary items for his exit benefit, the insured may here and now complete the form overleaf

