COPRÉ
PENSION COMMITTEE

Affiliated company : Contract no :

Employee representative

Name and first name: ..... Tel. private/mobile: .....

Private address: ..... Signature of representative: .....

Employee representative

Name and first name: ..... Tel. private/mobile: .....

Private address: ..... Signature of representative: .....

Employee representative

Name and first name: ..... Tel. private/mobile: .....

Private address: ..... Signature of representative: .....

Employer representative

Name and first name: ..... Tel. private/mobile: .....

Private address: ..... Signature of representative: .....

Employer representative

Name and first name: ..... Tel. private/mobile: .....

Private address: ..... Signature of representative: .....

Employer representative

Name and first name: ..... Tel. private/mobile: .....

Private address: ..... Signature of representative: .....

Name and first name of chairman: .....

If this field is not filled in, the employee representative is by default appointed as chairperson.

Place and date:..... **Stamp/Signature of the employer:**.....

In the event of affiliated company with only one insured person or failure to return this form, we consider the PC to be waived. The affiliated company confirms that the various representatives have been elected in accordance with the principles dictated by art. 30 to 33 of the organisational regulations.

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