

COPRE

NOTIFICATION OF ENTRY

Affiliated company: Contract No.:

Group of persons insured: Category:

Personal data of the insured person

Name and first name: Date of birth:

AVS No.: Gender: M F

Address: Language: French German

English Italian

Tel. private/mobile: Mail:

Civil status from: single married divorced

bound by a registered partnership partnership dissolved widow(er)

Date of entry:

Annual AVS salary: CHF Level of activity:%

(In case of part-time employment, please indicate the annualised salary corresponding to the actual rate of activity)

(If temporary or seasonal employment, convert the partial salary to an annual salary)

Remark: A medical examination is required when the insured person exceeds for the first time the limit of CHF 400'000.-, then at each salary increase which exceeds 20% or CHF 50'000. (We send the health questionnaire to the insured person)

Details of the employer/former pension fund

Corporate name and address of former employer

Corporate name and address of former pension fund

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Ability to work

Is the person to be insured fully able to work? yes no

Does the person to be insured receive a federal disability insurance pension? yes no

If yes, degree of disability:%

Place and date: Stamp/Signature of employer: