



## Notification of change

Company \_\_\_\_\_ Contract no. \_\_\_\_\_

### Personal details of insured person

Surname \_\_\_\_\_ First name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Social insurance no. 756. \_\_\_\_\_  
Street/no. \_\_\_\_\_ Post code/city \_\_\_\_\_

### Change in civil status

Marriage    Registered partnership    Divorced    Dissolution of partnership

Date of marriage/registration of partnership \_\_\_\_\_

New name \_\_\_\_\_

Date of birth of spouse (partner) \_\_\_\_\_

Surname, first name of spouse (partner) \_\_\_\_\_

Date of divorce/dissolution of partnership \_\_\_\_\_

### Change in salary details

Valid \_\_\_\_\_ from 1. \_\_\_\_\_ New AHV annual salary \_\_\_\_\_

New level of employment \_\_\_\_\_ New category (change in category) \_\_\_\_\_

### Unpaid leave

Start date \_\_\_\_\_ from 1. \_\_\_\_\_  Continued insurance cover with

interruption in the savings process\*

End date \_\_\_\_\_ until 30./31. \_\_\_\_\_  Unaltered continuation of risk cover

and the savings process\*

Interruption of full insurance cover \*Allocation of contributions: \_\_\_ % employee/ \_\_\_ % employer

### Notes/comments

\_\_\_\_\_

\_\_\_\_\_ Place, date

\_\_\_\_\_ Stamp and signature of company

Swisscanto Flex Collective Foundation  
of Cantonal Banks  
Stockerstrasse 33  
P.O. Box  
8021 Zurich