

Mutation notification for employee

(to be completed by the employer - please complete in block capitals)

Company: **Contract no.:**

Personal details of the insured person:

Surname: First name:

Date of birth:

Change of address (residence or correspondence address):

Residence address valid as of: Correspondence address valid as of:

Street, no.: Street, no.:

Postcode/Town: Postcode/Town:

Change of civil status:

New civil status: married* in registered partnership* divorced* widowed*

*Date of marriage / registered partnership / divorce / widowhood:

New surname:

Change of category:

New category: valid as of:

The employer confirms that the insured person is or was fully able to work on the date of mutation:

yes

no if no, degree of disability:% incapacitated to work since:

Change of OASI/AHV annual salary (CHF):

New OASI/AHV annual salary: valid as of:

New degree of employment:% valid as of:

The employer confirms that the insured person is or was fully able to work on the date of mutation:

yes

no if no, degree of disability:% incapacitated to work since:

Remarks:

.....

.....

Signature:

By signing this document, the employer confirms that the information given is complete and correct.

.....
Place, date

.....
Stamp, signature of the employer

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