

## Notification mutation

Employer

Pension plan

### Insured person

Name

First name

Street, no.

Postcode, City

Gender

Male

Female

Date of birth

Social security number

756.

### Change of civil status and name

Civil status new

single

married

divorced

widowed

registered partnership

dissolved partnership

Date change of civil status

New name

### Change in wage, capacity utilization level, plan/category\*

Date per

Annual salary new in CHF

Employment rate new in %

Plan/Category

New

Additionally

Unpaid leave (max. during 6 months)

from

to

Continue savings and risk contributions

Continue only risk contributions

No continuation of the contributions

Fully fit for work and employable

yes

no

\*Wage increase, plan and category changes may lead to a health check.

The UGZ contacts these insured persons directly.

Place

Date

Signature of employer