

EMPLOYER

Company name:

MEMBER

Last name: First name:

AVS No.: Date of birth: / /

1. CHANGE IN MARITAL STATUSNew marital status: single married registered civil partnership divorced*
* applies analogously to registered partners widowed*

New name: New AVS No.:

Date of marriage/registered partnership: / /

Documents to include: - a copy of the family record book **or** the marriage certificate/registered partnership contract

2. CHANGE IN SALARY AND/OR CHANGE IN EMPLOYMENT LEVEL

Former annual AVS salary: CHF Former employment level:%

New annual AVS salary: CHF New employment level:%

beginning on: / / beginning on: / /

3. DEATHDate of death: / / Cause of death: illness accidentDocuments to include: - death certificate and medical certificate stating the cause of death
- family record book **or** marriage certificate **or** registered partnership contract
- (for accidental death only) decision of the accident insurer (LAA) and of AVSMarital status at the time of death: single married registered civil partnership
 divorced* widowed* * applies analogously to registered partnersWas the member in a situation of incapacity for work at the time of death? no yes beginning on: / /

Please attach the duly completed notice of incapacity for work if the incapacity for work lasted longer than the waiting period preceding the contributions waiver.

Contributory period during the year: from / / to / /

Reference salary paid during this period: CHF

Contact person: Last name: First name:
(family of the deceased, such as widow/widower)Home address: (street, number)
(postal code, town)

4. UNPAID LEAVE

Start date: / / End date: / /

- insurance coverage suspended
- savings and risk coverage continued, with contributions paid entirely by the member
- risk coverage continued, with contributions paid entirely by the member

Place and date:**Employer's stamp and signature:**

PLEASE RETURN TO:

Banque Cantonale Vaudoise
Prévoyance professionnelle
Case postale 300
1001 Lausanne