

**EMPLOYER**

Company name: .....

**MEMBER**

Last name: ..... First name: .....

AVS No.: ..... Date of birth: ..... / ..... / .....

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**1. CHANGE IN MARITAL STATUS**New 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

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**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: ..... / ..... / .....

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**3. DEATH**Date 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) .....

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**4. UNPAID LEAVE**

Start date: ..... / ..... / ..... End date: ..... / ..... / .....

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

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

**PLEASE RETURN TO:**

Banque Cantonale Vaudoise  
Prévoyance professionnelle  
Case postale 300  
1001 Lausanne