

Notification of Changes

Please complete in capital letters. Completely filled out forms will save you and us extra work.

<input type="checkbox"/> Pensionskasse (Pension fund)	<input type="checkbox"/> Vorsorgestiftung (Pension foundation)	<input type="checkbox"/> Dienstleistungen AG (Services)
<input type="checkbox"/> New entry	<input type="checkbox"/> Re-entry	<input type="checkbox"/> Change in salary <input type="checkbox"/> Plan modification
<input type="checkbox"/> Change group of persons	<input type="checkbox"/> Change Name/civil status	<input type="checkbox"/> Correction birth date/AHV no.

1. Company

Name

Member/contract no.

2. Validity

Valid as of

Group of persons

3. Person to be insured

Employee Self-employed Seasonal employee/r

Name

First name

AHV no.

old AHV no. (if available)

Birth date

Gender

m f

Street, no.

ZIP code

City

Phone private

Phone business

Phone mobile

Email

Civil status

single

registered partnership

married

divorced

widowed

Wedding date

Language

GER FRE ITA ENG

Cross-border worker yes no

Country

3.1 Is the person to be insured fully able to work?

yes

no

3.2 Is the person to be insured receiving benefits from an disability, military or accident insurance or a pension fund?

yes

no



▼ Please pay particular attention to the following page.

4. Occupation

For the insurance the entire calculated AHV salary of a year is decisive – even for seasonal employees.

Annual salary in CHF _____

Part-time employee

yes, employment level in % _____

no

5. Former provision institution

Name of the provision institution _____


Address _____

Street, no. _____

ZIP code _____

City _____

Termination date (if known) _____

 Please enclose a copy of the termination settlement, any benefit accounts or policies and the old insurance certificate.

Place _____

Date _____

Stamp and signature of the company _____

Remark

► According to the legal provisions all vested benefits must be transferred to the new provision institution.



► Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.