



Notification of changes

Contract no. /

Employer Name and location

Insured person Surname First name

Insurance number Date of birth Gender

m f

Full capacity to work Is the insured person fully fit for work? Yes No

Change in marital status new marital status Valid as of New name Insurance number
 married
 divorced
 widowed
 in a registered partnership
 partnership legally dissolved
 partnership ended by death

Salary adjustment New annual base earnings Valid as of

Change in working hours New degree of employment Valid as of New annual base earnings

Change of plan or category New plan/category Valid as of New annual base earnings

Supporting duties New supporting duties Valid as of
 with supporting duties
 cessation of supporting duties

Others

Person submitting notification on behalf of the employer Date Surname First name
E-mail address

Please send to formsservice.bvg@axa.ch

or to:
AXA
Postfach 300
8401 Winterthur