



Notification of unpaid leave

Contract no. /

Employer Name and place

**Insured person
Person**

Last name

First name

Insured person no.

Date of birth

Gender

m f

**Full capacity
for work**

Is the insured person fully fit for work?

Yes No (no unpaid leave possible)

Start/end

Start

End

(first day of unpaid leave)

(last day of unpaid leave)

Longer than 1 month
max. 24 months

Option 1 Occupational benefits insurance continues unchanged

with unchanged allocation of contributions

with new allocation of contributions

Employee in %

Employer in

Option 2 Continuation of risk coverage (without savings contributions)

with unchanged allocation of contributions

with new allocation of contributions

Employee in %

Employer in

Option 3 Interruption of risk coverage (without savings contributions)

with unchanged allocation of the contribution to
the BVG (LOB) Guarantee Fund

with new allocation of contributions

Employee in %

Employer in

**Annual salary and
level of
employment**

Annual salary after unpaid leave ends

the same as before unpaid leave

Level of employment after unpaid leave ends

the same as before unpaid leave

New level of employment

New annual salary CHF

Valid from

Miscellaneous

**Person submitting
notification on behalf
of the employer**

Date

Surname

First name

E-mail address

Please send to formservice.bvg@axa.ch

or to:

AXA

Postfach 300

8401 Winterthur