



Notification of withdrawal after temporary interruption of work

Contract no. /

by seasonal workers

Temporary interruption of work

If the insured person interrupts his/her work temporarily and is almost certain to receive another employment contract within the next six months, you must report his/her withdrawal to us using **this form**.

Information regarding definitive withdrawal

Persons whose employment relationship has been definitively terminated

- because they will not receive a new employment contract within the next six months,
 - because they were expected to resume work after the temporary interruption but failed to do so,
 - because their employment relationship was terminated for other reasons or
 - because they are insured by a different pension fund
- must be reported to us as definitive withdrawals on the "Notification of withdrawal" form.**

Employer Name and location*

1 Insurance number*	2 Name*		3 Withdrawal on*			4 Fully able to work*		5 Additional information, if needed
	Date of birth*	First name* Gender*	Day	Month	Year	Yes	No	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	
.....	N. D.	F. G. <input type="checkbox"/> m <input type="checkbox"/> f	<input type="checkbox"/>	<input type="checkbox"/>	

*Mandatory

Comments

Ability to work We have marked all persons who are not fully able to work upon withdrawal by crossing "No" in column 4.

We confirm that all persons marked with "Yes" in column 4 are fully able to work.

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