

# Notification of changes

Contract no. /

**Employer** Name and place

**Insured person**

Last name First name Date of birth Gender

M  F

**Full capacity for work**

Yes  No

**Change of name**

New name

**Change of marital status**

New marital status Valid from New name

- Married
- Divorced
- Widowed
- In a registered partnership
- In a partnership dissolved by court decree
- In a partnership dissolved due to death

**Change of salary**

New annual salary in CHF Valid from

**Change in percent of working hours**

New percentage of working hours Valid from New annual salary in CHF

**Change of plan or category**

New plan/category Valid from New annual salary in CHF

**Support obligation**

New support obligation Valid from

- With support obligation
- Discontinuation of support obligation

**Country of activity**

Current New Valid from

**Other**

If the notified changes affect the tax status, the insured person must complete and submit the "Declaration on tax status/waiver" form. For more information on the forms, visit [www.axa.ch/us-tax](http://www.axa.ch/us-tax).

Date

Signature of foundation/employer