

Notification of changes

Contract no. /

Employer Name and place

Insured person

Last name First name Date of birth Gender

M F

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.

Date

Signature of foundation/employer