



# Notification of partial retirement

Contract no. /

**Employer** Name and address

**Insured person**

Surname First name Insurance number

Street, postcode, town

Date of birth

Gender

m  f

**Information on  
retirement**

Is the insured person fully fit for work?

Yes  No

Once working hours have been reduced they cannot be increased again in connection with further partial withdrawals of retirement benefits.

Partial retirement as of  
month year

Level of retirement (at least 20%)

New level of employment

New annual salary

01

%

%

**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