

Notification of changes

Employer

Name: _____ Post code, place: _____ Contract no.: _____

Insured person

Last name: _____ First name: _____

Date of birth: _____ Social insurance no.: _____

Changes

Name, AHV no.

Last name: _____ First name: _____ Social insurance no.: _____

Marital status

☐ Married ☐ Divorced ☐ Widowed ☐ Legally separated

Valid from: _____

Salary

Annual salary: _____ Valid from: _____

Address

Street: _____ Post code, place: _____ Valid from: _____

Part-time employment

Level of employment: _____ Valid from: _____

Category, group of persons

Category, group of persons: _____ Valid from: _____

Support obligation

☐ With support obligation ☐ Discontinuation of support obligation

Valid from: _____

Remarks: _____

Place, date: _____ Signature of employer: _____

We are there for you.

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**Insurance
that makes sense.**

ÖKK