

Notification of Change of Data
(salary, marital status, plan, OASI, etc.)

Employer: _____
Pension Plan: _____
Surname and forename of the employee: _____
OASI No.: _____

Change to the pension plan (solely as at 1 January):

Effective date: _____
Reference number of the new plan: _____

Change of marital status:

Marital status: ☐ Single ☐ Married ☐ Widow(er) ☐ Divorced
☐ Registered partnership ☐ Dissolved partnership

(Optional: do not indicate your marital status unless it has changed)

Date of change of marital status: _____
Date of birth of spouse: _____
If applicable, new surname to be considered: _____

Change to annual insured salary:

Previous annual salary notified: CHF _____ Activity rate: _____ %
New annual salary to be registered: CHF _____ Activity rate: _____ %
Effective date of the new salary: 01/ ____/ ____
(The change to the salary is always made at the beginning of a month)

Unpaid leave :

Period of unpaid leave : Start date : _____ End date : _____
Continuation of insurance coverage : ☐ Savings and risk ☐ Only risk ☐ No insurance coverage

Other changes:

Type of change: _____
Date of change : _____

This form must be sent to the Foundation whenever there is a change to the salary during the year or to notify a general change.

Place and date:

Stamp and signature of the employer:

Fondation Patrimonia

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