

**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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