

## Amendments

Contracting office:

\*Contract no.:

Personnel category (P cat) / organisational Units (OU) (if several existant):

\*Policy no.:

\*Company:

Street, no.:

Zipcode, city:

### 1 Personal details concerning the insured person

\*Last name:

\*First name:

\*Date of birth:

### 2 We herewith notify the following amendment:

**New annual salary**, as per date: CHF

Only future salary adjustments are possible. Retroactive salary adjustments cannot be accepted. Individual agreements remain reserved.

**Change of degree of part-time employment**, as per date: New degree

**Personnel category (P cat)**, as per date: New P cat

**Organisational unit (OU)**, as per date: New OU

**Switch of benefit plan**, as per 1.1. of the following year: New benefit plan

**New address**, as per date:

The new address is:

Street, no.:

Zipcode, city:

**Change of civilian status**, as per date: New civilian status:

**Change of name** due to marriage/divorce

The new name is:

**Other amendments**

Place, date

Stamp, signature of the company

By its signature, the company herewith confirms that the insured person is fully capable of working or earning.

**Please return this form to:** Your contracting office or Swisscanto Collective Foundation, Branch office, St. Alban-Anlage 26, P.O.Box 3855, 4002 Basle