



## Notification of change

### Group insurance

Please return the original duly filled out and signed, and keep a copy.

Group No.: ..... Subgroup No.: ..... Contract no.: .....

Effective date of change: ..... / ..... / .....

Name of the employer: .....

Name of the participant [for the married woman or widow, the maiden name]: .....

First name: ..... Birth date: ..... / ..... / .....

Address [street and no.]: .....

Postal code: ..... Town: .....

### Change of participant's family situation <sup>(\*)</sup>

married/legal cohabitant<sup>1</sup>    single<sup>2</sup>    widow[er]    cohabitant

<sup>1</sup> Including "separated" and "legally separated"

<sup>2</sup> Including "divorced"

Family name of the spouse/legal cohabitant: .....

First name: ..... Birth date of the spouse/legal cohabitant: ..... / ..... / .....

(\*) tick the appropriate box

### Change of the number of dependent children

First name of the children	Birth date	Date of death	Not dependent since
.....	..... / ..... / .....	..... / ..... / .....	..... / ..... / .....
.....	..... / ..... / .....	..... / ..... / .....	..... / ..... / .....
.....	..... / ..... / .....	..... / ..... / .....	..... / ..... / .....
.....	..... / ..... / .....	..... / ..... / .....	..... / ..... / .....

### Personal additional contributions

Date of entry into service: ..... / ..... / .....      Effective date: ..... / ..... / .....

Retirement benefit ..... EUR      Annual gross salary ..... EUR

Death-in-service benefit ..... EUR      Amount of the additional contribution ..... EUR

Important: the employer certifies the data relating to the family situation and address of the participant to be accurate.

As a data controller, AG processes the personal data obtained in this form with a view to managing the supplementary benefits taken out by the employer or sector on behalf of its staff members [supplementary pension and/or occupational health insurance] and entrusted to AG for management purposes, complying with statutory and regulatory obligations such as tax obligations and prevention of money-laundering, and detecting and preventing misuse and fraud. More information about the processing of personal data can be found in our Privacy Notice on [www.aginsurance.be](http://www.aginsurance.be).

Made out at: ....., on ..... / ..... / .....

Signature of the employer,

