

Notification of change

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 (*)

married/legal cohabitant¹ single² widow(er) cohabitant

¹ Including «separated» and «legally separated» ² 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.

Made out at _____, on _____

Signature of the employer,