

Report of mutations

Employer **Contract no.**

Insured person

Mr Ms

Surname First name

Insured no.

Change

New name New Insured no.

New marital status Valid as of

Salary

New salary Valid as of

New degree of

employment for part-time employee Valid as of

Category / Group of people

New category / Group of people Valid as of

Work interruption Illness Accident Other

Beginning End

Other

Place, Date Employer's signature