

## Amendment of personal data

To ensure that we can properly guarantee the pension coverage of your employees and provide you as an employer with optimal support, we need up-to-date and complete information about your employees.

| Information about the contract and your employee  | Deadline   |  |
|---|--|--|
| We will need at least one of the following three details in order to identify you:            | Please inform us of any changes to your personal details as soon               |  |
| Name of the employer  | as possible.   |  |
|   | Note   |  |
|   | Your <b>contract number</b> can be   |  |
| Contract number   | found on your pension plan or on your pension certificate.                     |  |
| AHV number  |  |  |
| We need all the following information about your new employee:  Name (as previously reported) |  |  |
| First name (as previously reported)   |  |  |
| Street, no. (as previously reported)  |  |  |
| Zip code, town or city, country (as previously reported)                                      |  |  |
| Name change   |  |  |
| New name  |  |  |
| Change of address   | Note   |  |
| -   | We need your employee's  |  |
| Street, no. (new)   | personal address so that we  |  |
| ZIP code, town or city, country (new)   | can send the pension certifi-<br>cate directly to their place<br>of residence. |  |



|  | official date of marriage/date of registration. If your employee's marital status or other reasons, please let us know as well. |  |
|--|---|--|
| Date of the of marital   |   |  |
| New mar  | ital status   |  |
| <ul><li>single</li><li>registe</li></ul>                           | <ul><li>○ married ○ divorced ○ widowed</li><li>ered partnership ○ dissolved partnership</li></ul>                               |  |
| Change in Date of the in salary                                    | n salary/change in degree of employment e change  | Note  If the employee has been working for a certain employer for less than a year, the annual salary is calculated as the salar that this employee would earn employed for one year (including the salar that the salar that this employee would earn employed for one year (including the salar that this employee would earn employed for one year (including the salar that this employee would earn employee would end employee would end employee would earn employee would end employee |
| New releva   |   | bonuses agreed in the contract 13 <sup>th</sup> monthly salary, etc.).   |
| New degree of employment   |   | Inability to work is when someone is no  |
| Is your e  | mployee fully able to work on the date of the salary change?  | longer able to pursue the occupation that they performed before falling ill for a specified amount of time, due to medical reasons. Thus, «inability to work» always relates to the  |
| <u> </u>   | Degree of ability to work in %  | employee's current occupation.   |
| Cl   |   | <u>^</u> 1   |
| New perso<br>category  | onnel   | Personnel category  Please enter the relevant personnel category of your new employee according to your pension plan under «Insured».  |
| Chango i   | n reconneithility for supporting dependents   | Note   |
| Change in responsibility for supporting dependents  Date of change |   | Note  If your pension plan includes benefits for persons responsib for supporting dependents, you as an employer have an obligation to report this.  |
| orespor  | nsible for supporting dependents  |  |
| onot responsible for supporting dependents                         |   | Responsibility   |

for supporting dependents

Parents are responsible for supporting their children.

**Change of marital status** 

| 0 | Employer's confirmation |                      |  |
|---|-------------------------|----------------------|--|
| 8 | Place and date          | Employer's signature |  |

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## What happens next?

As soon as we have received and checked the form, we will send you a new contribution statement and/or send your employee a new pension certificate if there is any change in benefits.

Please send the completed and signed form by regular mail or email to:

Zurich Switzerland Scanning BVG P. O. Box 8085 Zurich bvg@zurich.ch

## Note

The employee contributions can be found in the **contribution statement.** 

ut this form?

Do you have any questions about this form? Help Point BVG (phone 0800 80 80 80) is available to answer your questions from 8 a.m. to 6 p.m. from Monday to Friday.