

simple. clear. helvetia. Your Swiss Insurer Postal address Helvetia Insurance P.O. Box 99 8010 Zurich

Change personnel data and salary

Emp	loyer	
Company		Contract number
Emp	loyee	
Policy	no.	
Title	Ms Mr	
First r	name	Last name
Date of	of birth	
Is the	insured fully fit for work or capable of gainful employes No	pyment?
		ork, the form "Incapacity to work or to earn" must be
Note: submi	If we have not yet been notified of incapacity for we	ork, the form "Incapacity to work or to earn" must be
Char	nge	
Chang	ge effective as of	
	New annual salary and/or new degree of employ	yment
may le		gree of employment which began more than 30 days ago cumstances. For that reason you should notify us of any
Annual salary		Degree of employment as %
П	Change of personnel category	



new p	ersonnel category	
	Change of organizational unit	
New o	rganizational unit	
	Change of benefit plan (choice of plan)	
regula		ear and provided the choice of plan is set out in the
	New address	
Street		No.
Postcode		Place
Count	у	-
	New marital status	-
New m	narital status	Date of marriage / partnership registration
	Change of name following marriage/divorce	
New n	атте	
Conf	irmation employer	
	I hereby confirm that I have provided all details to	ruthfully.
This re	egistration was entered by	
First n	ame	Last name
Your n	nail address for possible clarifications	_

Data protection

All personal data will be processed in accordance with the current legislation:
For compulsory occupational benefits, the data protection regulations of LOB (Art. 85a ff. LOB) apply. The provisions of the FADP apply in addition. The FADP applies to purely supplementary occupational benefits (for



information e.g. identity and contact details of responsible persons, processing purposes, etc. please see www.helvetia.ch/privacy).