

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 name		Last name
Date o	of birth	_
0		oyment? work, the form "Incapacity to work or to earn" must be
Chan	ige	
Chang	e effective as of	
	New annual salary and/or new degree of emplo	- pyment
may le		egree of employment which began more than 30 days ago ircumstances. For that reason you should notify us of any e.
Annual salary		Degree of employment as %
	Change of personnel category	



New personnel category			
	Change of organizational unit		
New o	rganizational unit		
	Change of benefit plan (choice of plan)		
regula		ar and provided the choice of plan is set out in the	
	New address		
Street		No.	
Postcode		Place	
Counti	у		
	New marital status	-	
New m	narital status	Date of marriage / partnership registration	
□ New n	Change of name following marriage/divorce ame		
Conf	irmation employer		
	I hereby confirm that I have provided all details to	uthfully.	
This re	egistration was entered by 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).