

Change personnel data and salary

Employer

Company

Contract number

Employee

Policy no.

Title

- Ms
 Mr

First name

Last name

Date of birth

Is the insured fully fit for work or capable of gainful employment?

- No
 Yes

Note: If we have not yet been notified of incapacity for work, the form "[Incapacity to work or to earn](#)" must be submitted.

Change

Change effective as of

- New annual salary and/or new degree of employment

Please note: Salary adjustments and changes to the degree of employment which began more than 30 days ago may lead to the payment of accrued interest in certain circumstances. For that reason you should notify us of any changes which may affect premiums as soon as possible.

Annual salary

Degree of employment as %

- Change of personnel category

New personnel category

Change of organizational unit

New organizational unit

Change of benefit plan (choice of plan)

Please note: Only possible as of 1.1. of the following year and provided the choice of plan is set out in the regulations.

New benefit plan

New address

Street

No.

Postcode

Place

Country

New marital status

New marital status

Date of marriage / partnership registration

Change of name following marriage/divorce

New name

Confirmation

I hereby confirm that I have provided all details truthfully.

This registration was entered by

First name

Last name
