

Report of mutations

Employer		Contract no.	
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Insured person				
	☐ Mr	☐ Mrs		
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			Valid as of	

Category / Group of people				
New category / Group of			Valid as of	

Unpaid leave				
Beginning			End	

Other			

Signature				
Place, Date			Employer's signature	