



Notification Continuation of early retirement models

Contract no. /

Employer Name and location

Insured person

.....
Last name First name Insurance number
.....
Street Date of birth Gender
.....
Postal code and place Country ☐ m ☐ f

Can be reached at

.....
Private email address Phone no.

**Start of bridging
pension**

.....
Date
.....
Is the insured person fully fit for work? ☐ Yes ☐ No
Please submit the "Notification of incapacity for work"
form with the corresponding enclosures.

Enclosure ☐ Pension confirmation – bridging pension (**must be attached**)

**Person submitting
notification on behalf
of the employer**

.....
Date Surname First name
.....
E-mail address

**Signature of
insured person**

.....
Date Signature of insured person

Please send to formsservice.bvg@axa.ch

or to:
AXA
Postfach 300
8401 Winterthur