



# Notification of withdrawal after temporary interruption of work

Contract no. /

by seasonal workers

## Temporary interruption of work

If the insured person interrupts his/her work temporarily and is almost certain to receive another employment contract within the next six months, you must report his/her withdrawal to us using **this form**.

## Information regarding definitive withdrawal

Persons whose employment relationship has been definitively terminated

- because they will not receive a new employment contract within the next six months,
- because they were expected to resume work after the temporary interruption but failed to do so,
- because their employment relationship was terminated for other reasons or

– because they are insured by a different pension fund  
**must be reported to us as definitive withdrawals on the "Notification of withdrawal" form.**

Employer Name and location\*

1 Insurance number*	2 Name*  Date of birth*	First name*  Gender*	3 Withdrawal on*  Day Month Year	4 Fully able to work from a health viewpoint*  Yes No	5 Additional information, if needed
N.....	F.....				
D.....	G.....	<input type="checkbox"/> m <input type="checkbox"/> f		<input type="checkbox"/> <input type="checkbox"/>	
N.....	F.....				
D.....	G.....	<input type="checkbox"/> m <input type="checkbox"/> f		<input type="checkbox"/> <input type="checkbox"/>	
N.....	F.....				
D.....	G.....	<input type="checkbox"/> m <input type="checkbox"/> f		<input type="checkbox"/> <input type="checkbox"/>	
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N.....	F.....				
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N.....	F.....				
D.....	G.....	<input type="checkbox"/> m <input type="checkbox"/> f		<input type="checkbox"/> <input type="checkbox"/>	

\*Mandatory

Comments

**Ability to work** We have marked all persons who are not fully able to work from a health viewpoint upon withdrawal by crossing "No" in column 4.

We confirm that all persons marked with "Yes" in column 4 are fully able to work from a health viewpoint.

Person submitting notification on behalf of the employer

Date	Surname	First name
E-mail address		

Please send to formsservice.bvg@axa.ch

or to: AXA, Postfach 300, 8401 Winterthur