



Notification of partial retirement

Contract no. /

Employer Name and address

Insured person

Surname First name Insurance number

Street, postcode, town Date of birth Gender

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**Information on
retirement**

Is the insured person fully fit for work from a health viewpoint?

☐ Yes ☐ No

Once working hours have been reduced they cannot be increased again in connection with further partial withdrawals of retirement benefits.

Partial retirement as of month year	Level of retirement %	New level of employment %	New annual salary
01	%	%	

Date Surname First name

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

E-mail address

Please send to formsservice.bvg@axa.ch

or to:
AXA
Postfach 300
8401 Winterthur