



Notification for continued insurance of current salary

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
about continued
insurance**

Is the insured person fully fit for work?

☐ Yes ☐ No

Beginning of the continued insurance as of End of the continued insurance as of

Effective base salary CHF Base salary for continued insurance CHF Degree of employment

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

Date Surname First name

E-mail address

**Signature of insured
person**

Date Signature

Please send to formsservice.bvg@axa.ch

or to:
AXA
Postfach 300
8401 Winterthur