



Notification Parental leave

Contract no. /

Employer Name and location

Insured Last name _____ First name _____

Insured no. _____ Date of birth _____ Gender _____

m f

Full capacity to work Is the insured fully fit for work? Yes No

A – Paid parental leave Start _____ End _____

Time-based arrangement All at once Flexible
..... New level of employment in %

Example: 80% employment level before the start of benefits. Parental leave is taken for two days per week, i.e. the employment level is reduced by 50%. The new employment level of 40% must be reported.

Option 1 Paid leave with continued risk protection

With unchanged distribution of contributions

Option 2 Paid leave with continued risk protection and savings process

For risk and cost contributions

With unchanged distribution of contributions

For savings contributions

With unchanged distribution of contributions

With new distribution of contributions

Employee in %

Employer in %

.....

.....

B – Unpaid parental leave Start _____ End _____

Time-based arrangement All at once Flexible
..... New level of employment in %

Example: 80% employment level before the start of benefits. Parental leave is taken for two days per week, i.e. the employment level is reduced by 50%. The new employment level of 40% must be reported.

Option 1 Unpaid leave without any occupational benefits coverage

With unchanged distribution of contributions
(guarantee fund)

With new distribution of contributions (guarantee fund)
Employee in % Employer in %

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Option 2 Unpaid leave with continued risk protection

With unchanged distribution of contributions

With new distribution of contributions
Employee in % Employer in %

.....

.....

Option 3 Unpaid leave with continued risk protection and savings process

With unchanged distribution of contributions

With new distribution of contributions
Employee in % Employer in %

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Annual salary and level of employment during paid parental leave**employment level**

| | | |
|------------------|----------------------|------------|
| Employment level | Annual salary in CHF | Valid from |
|------------------|----------------------|------------|

Annual salary and level of employment during unpaid parental leave

| | | |
|------------------|----------------------|------------|
| Employment level | Annual salary in CHF | Valid from |
|------------------|----------------------|------------|

Annual salary and employment level after parental leave

| | | |
|------------------|----------------------|------------|
| Employment level | Annual salary in CHF | Valid from |
|------------------|----------------------|------------|

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

| | | |
|------|-----------|------------|
| Date | Last name | First name |
|------|-----------|------------|

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|---------------|
| Email address |
|---------------|

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or to:

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