Reset

Form will be input electronically; please complete it legibly!

Notification of partial retirement

Contract no. /

Employer

Name and address

Insured person

Surname | First name | Insurance number

Street, postcode, town | Date of birth | Gender

☐ m ☐ f

Information on retirement

Is the insured person fully fit for work?

☐ 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 (at least 20%)	New level of employment	New annual salary
01 . .	%	%	

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

Send