

# Notification of non-paid leave



**CIEPP**  
Caisse Inter-Entreprises  
de Prévoyance Professionnelle  
ZKBV - Zwischenbetriebliche Kasse für Berufliche Vorsorge  
CIPP - Cassa Interaziendale di Previdenza Professionale

Affiliate no.: \_\_\_\_\_ Name of employer: \_\_\_\_\_

## PERSONAL DATA OF THE INSURED PERSON

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
AVS No.: 756. Date of birth (dd/mm/yyyy): \_\_\_\_\_  
Street, No.: \_\_\_\_\_ Postcode and town: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## DURATION OF NON-PAID LEAVE (MAX. 6 MONTHS)

Start: \_\_\_\_\_  
End: \_\_\_\_\_

## DURING THE DURATION OF THE NON-PAID LEAVE IT IS AGREED THAT (TICK THE APPROPRIATE BOX):

- Both the retirement pension insurance and risk insurance will be maintained.
- The retirement pension insurance will be suspended and the risk insurance will be maintained.
- Both the retirement pension insurance and risk insurance will be suspended. (During this period the insured person will not be covered).

Place and date: \_\_\_\_\_

Signature of the insured person: \_\_\_\_\_

## CONFIRMATION OF THE EMPLOYER

We confirm the accuracy of the above data and agree to pay contributions if coverage is maintained, in compliance with the regulatory provisions.

Place and date: \_\_\_\_\_

Stamp and valid signature(s) of the employer: \_\_\_\_\_

**Offices**      **Bulle**      **Rue Condémine 56**      **T 026 919 87 40**  
                 **Fribourg**      **Rue de l'Hôpital 15**      **T 026 552 66 90**  
                 **Neuchâtel**      **Av. du 1<sup>er</sup>-Mars 18**      **T 032 727 37 00**  
                 **Porrentruy**      **Ch. de la Perche 2**      **T 032 465 15 80**

**Administrative headquarters of the pension fund**  
Rue de Saint-Jean 67 – PO Box – 1211 Geneva 3  
T 058 715 31 11 – ciepp@fer-ge.ch – www.ciepp.ch