

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 ^{er} -Mars 18	T 032 727 37 00
Porrentruy	Ch. de la Perche 2	T 032 465 15 80

Administrative headquarters of the pension fund
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