



## Report of mutations

**Employer**  **Contract no.**

### Insured person

Mr  Ms  
Surname  First name   
Insured no.

### Change

New name  New Insured no.   
New marital status  Valid as of

### Salary

New salary  Valid as of

### New degree of

employment for part-time employee  Valid as of

### Category / Group of people

New category / Group of people  Valid as of

### Unpaid leave

Beginning  End

Other

Place, Date  Employer's signature