

# Notification form – Unpaid leave

## 1. Personal details

First name

Last name

Date of birth

## 2. Duration of unpaid leave (at least one month/max. twelve months)

Start date

End date

## 3. I would like to select the following option for my pension fund insurance coverage (please tick one)

Insurance coverage with all benefits (disability, death, saving of retirement assets)

Insurance coverage for disability and death only

No insurance coverage (no continued insurance coverage)

I declare that I am prepared to finance premiums that fall due for the duration of my unpaid leave myself in accordance with the regulatory provisions.

Place, date

Signature of the insured person

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Note: Your employer's accident insurance cover is normally also suspended in cases involving unpaid leave. In such cases, you have to take out additional personal accident insurance for the duration of your unpaid leave. If you are taking up to six months' leave, you can do this by taking out interim accident insurance with your employer's current accident insurer. If your unpaid leave will last more than six months, you can contact your health insurer, for example.

## Confirmation of the employer

We confirm that the information set out above is accurate and that we are prepared to transfer the premiums that fall due and to charge said premiums to the employee in accordance with the regulatory provisions.

Place, date

Stamp/signature

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