

[Reset](#)

Form will be input electronically; please complete it legibly and sign it before submitting!

Notification Continuation of early retirement models

Contract no. /

Employer Name and location**Insured person**

.....
Last name First name Insurance number
.....
Street Date of birth Gender
.....
Postal code and place Country ☐ m ☐ f

Can be reached at Private email address Phone no.
.....

Start of bridging pension

.....
Date
.....
Is the insured person fully fit for work? ☐ Yes ☐ No
Please submit the "Notification of incapacity for work" form with the corresponding enclosures.
Enclosure ☐ Pension confirmation – bridging pension (**must be attached**)

Notice The insured agrees that the pension fund responsible for administering the early retirement model may notify the relevant early retirement provider if the insured begins receiving benefits in the form of retirement benefits and cash payments early or is no longer covered under an early retirement model.

**Person submitting
notification on behalf
of the employer**

.....
Date Surname First name
.....
E-mail address

**Signature of
insured person**

.....
Date Signature of insured person

Please send to formsservice.bvg@axa.ch

or to:
AXA
Postfach 300
8401 Winterthur

[Send](#)