

End of interruption of employment

of seasonal workers (resumption of employment)

Company _____
 Policy no. _____
 Plan _____

End of temporary interruption of employment

At the end of the temporary interruption of employment, use this form to tell us about the resumption of employment of all persons for whom you notified us of an interruption of employment.

| Policy no. | Last name, first name | Start of contributions | Annual AHV salary | Employment in % | Fully able to work |
|---------------|-----------------------|------------------------|-------------------|-----------------|--|
| 1. 756. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 2. 756. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. 756. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 4. 756. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |
| 5. 756. _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no |

We hereby confirm that the persons marked 'yes' are fully able to work.

Place and date

Employer's signature
