



PENSION FUND
DECLARATION OF SITUATION

To be returned to: CERN Pension Fund, Benefits Service, 1211 Genève 23, Switzerland

Last name:

Surname:

Date of birth:

Marital status:

I CONTINUE STUDYING

◇ Full-time (at least 20 hours per week)

Name of school/university Term begins on

Please provide us with the relevant school certificate:

NB: if the student holds an employment contract of 50% or more, she/he is considered as formally employed. Consequently, the child allowance and membership of the health insurance scheme cease.

◇ Apprenticeship or sandwich courses

Name of school/university Term begins on

Please provide us with the relevant school and employer certificates.

I STOP STUDYING

Date when studies cease(-ed)

I AM NO LONGER CONSIDERED AS A DEPENDENT CHILD (work, marriage/partnership, etc.)

End of entitlement on

I, the undersigned, (first name and surname), certify that all the information given above is correct and complete. If any changes occur, I will inform the Pension Fund without delay.

Date:

Signature: