

PENSION FUND

DECLARATION OF SITUATION OF DEPENDENT CHILD

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

Child's first name: .....

Child's surname: .....

Child's date of birth: .....

Child's marital status: .....

MY CHILD CONTINUES 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.

MY CHILD STOPS STUDYING

End of studies on .....

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

End of entitlement on .....

I, the undersigned, (Beneficiary's 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:

Beneficiary's signature: