



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: