

Central Compensation Office CCO Swiss Compensation Office SCO

Identity	
Surname, First name	
Date of birth	OASI No
E-mail	Telephone No
	our personal situation (marital status, birth, adoption, fostering of ince you applied for an old-age pension?
🗆 yes 🗖 no	
If yes , please state the changes/eve form.	ents below and attach the corresponding official documents to this
Details concerning the current or	planned professional activity
Are you self-employed?	yes 🗅 no
If yes: please enclose tax documents	s issued after the reference age.
Are you employed? 🛛 yes	🗆 no
If yes: please list all the employers for corresponding salary certificates to t	or whom you have worked after the reference age and attach the his form.
Employer 1	
Name, address	
Duration of employment	
from	to
mm, yyyy	mm, yyyy
Employer 2	
Name, address	
Duration of employment	
from	to
mm, yyyy	mm, yyyy

If there are any other employers, please list them on a separate sheet attached to this form

Request for recalculation

From which month do you wish the recalculated pension to be paid to you?

Year / month

Important information

This form does not constitute a request for the recalculation of your benefit.

The official request for recalculation after the reference age will have to be made, in due course, by means of the form available on our website or from our Office.

Documents enclosed with the application (copies)

Please cross the boxes corresponding to the documents you are enclosing

□ Salary certificates issued after the reference age stating the personal allowance, if applicable.

□ Tax documents issued after the reference age

□ Official documents: _____

Date

Signature

This form must be returned **by post** to:

Swiss Compensation Office P.O. Box 3100 1211 Geneva 2 Switzerland

or by e-mail to: sedmaster@zas.admin.ch