



Request for total amount of contributions paid into the Swiss social security system

The insured person:

Swiss insurance number: **756**.....

Family Name:

First Name:

Address:

Zip / Postal Code:

City:

Province:

Country:

requests the total amount of social security contributions paid into the compulsory and voluntary insurance scheme.

Date:

Signature of the applicant:

.....

.....

Please send the request to:
 Swiss Compensation Office
 P.O. Box 3100
 CH-1211 Geneva 2
 Switzerland

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