

## Notification of death

Company \_\_\_\_\_ Contract no. \_\_\_\_\_

### Personal details of deceased

Surname \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social insurance no. 756. \_\_\_\_\_

Street/no. \_\_\_\_\_ Post code/city \_\_\_\_\_

Children  Yes  No No of children \_\_\_\_\_

Marital status  Single  Cohabiting  Divorced  Widowed  Married  Registered partnership

### Information regarding death

Date of death \_\_\_\_\_ Cause  Sickness  Accident

Contact person \_\_\_\_\_ Tel. no. (private) \_\_\_\_\_

Post code/city \_\_\_\_\_ Tel. no. (business) \_\_\_\_\_

Street/no. \_\_\_\_\_ Tel. no. (mobile) \_\_\_\_\_

Was the insured person unable to work prior to death?  Yes  No

Was the deceased employed by several employers?  Yes  No

If yes, which? \_\_\_\_\_

Until when will the salary be paid? \_\_\_\_\_

Are there any claims with other insurance companies?  Yes  No

If yes, with which? \_\_\_\_\_

Federal Old Age and Survivors' Insurance

Notification in hand

Notification made on \_\_\_\_\_

Relevant compensation fund \_\_\_\_\_

**Note:** the notification of any benefits from the Federal Old Age and Survivors' Insurance (AHV) must be made to the relevant compensation fund.

### Information of entitlement to death benefits (eligible persons)

#### Spouse/registered partner

Surname, first name \_\_\_\_\_ Date of birth \_\_\_\_\_

Street/no. \_\_\_\_\_ Post code/city \_\_\_\_\_

**Divorced spouse\***

Surname, first name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Street/no. \_\_\_\_\_ Post code/city \_\_\_\_\_

**Cohabitation: registered partnership in life**

Surname \_\_\_\_\_ First name \_\_\_\_\_  
 Date of birth \_\_\_\_\_

**Eligible children pursuant to the pension regulations**

Surname, first name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Surname, first name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Surname, first name \_\_\_\_\_ Date of birth \_\_\_\_\_

**Further eligible persons pursuant to the pension plan**

\_\_\_\_\_  
 \_\_\_\_\_  
 Type of eligibility \_\_\_\_\_

**Transfer details**

Name of bank \_\_\_\_\_ Bank/PO account \_\_\_\_\_  
 Clearing no. \_\_\_\_\_ Account holder \_\_\_\_\_

**Documents required**

	Provided	To follow
Death certificate	<input type="checkbox"/>	<input type="checkbox"/>
Medical report on cause of death	<input type="checkbox"/>	<input type="checkbox"/>
Family record booklet for spouse's and orphan's pensions	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of education/training for children older than 18	<input type="checkbox"/>	<input type="checkbox"/>
Poss. divorce decree and certificate of legal enforcement	<input type="checkbox"/>	<input type="checkbox"/>
The relevant orders in the event of an obligation to pay benefits on the part of the accident or military insurance	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of place of residence (at least five years in joint household)	<input type="checkbox"/>	<input type="checkbox"/>
Other documents _____	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
 Place, date \_\_\_\_\_ Signature \_\_\_\_\_

This notification has been signed by \_\_\_\_\_  
 (First name and surname in capital letters)

What is your relationship with the deceased person? \_\_\_\_\_ /  Employer

Address of the community of heirs: \_\_\_\_\_

\* If the marriage with the deceased lasted more than ten years and the divorced spouse was granted a pension in the divorce decree