



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 _____

Marital status Single Widowed Partnership dissolved by death Married Registered partnership
 Cohabiting

Date of marriage/registration of partnership _____

Divorced Legally dissolved partnership
Date of divorce/dissolution of partnership _____

Information regarding death

Date of death _____

Exact cause of death Sickness* Traffic accident** Non-traffic accident** Occupational illness** Suicide**

* Exact cause of death (e.g. cancer, heart condition, etc.) _____

Beginning of illness _____

** If the death was caused by an accident, the consequences of a previous accident, an occupational illness or suicide, the accident insurer (UVG) must be notified.

Accident insurer (name, address, postcode, town) _____

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

Until when will the salary be paid? _____

Was the deceased employed by several employers? Yes No

If yes, which? _____

Contact person _____ Tel. no. (private) _____

Post code/city _____ Tel. no. (business) _____

Street/no. _____ Tel. no. (mobile) _____

Information of entitlement to death benefits (eligible persons)

Spouse/registered partner

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

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 (for several beneficiaries, please provide an account for each beneficiary)

Name of bank/post office _____
Address of bank _____
IBAN number _____ SWIFT / BIC _____
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"/>
For an accident, copy of notification to or decision by accident/military insurer	<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: _____