

Notification of death

Company _____
 Policy no. _____
 Plan _____

Last name	_____	First name	_____
Street/no.	_____	Postcode, town/city	_____
NI no.	756. _____	Date of birth	_____
Telephone	_____	Email	_____

1. Date of death _____

2. Cause _____

3. Illness

Was the insured party unfit for work prior to their death? yes no

If so, from what date? _____

4. Accident

Accident insurer responsible _____

Accident reported on _____

Salary paid by company until _____

5. Contact person (e.g. spouse, partner)

Last name _____ First name _____

Street/no. _____ Postcode, town/city _____

Telephone _____ Email _____

Date of birth of the spouse or partner _____

We require the following documents to support the benefit claim

6. Copy of the death certificate (civil status form 2.2.2)

7. Copy of the registered civil status document (civil status form 7.3)

- For children aged 18 and over, we require evidence that they are still in education or training
- Certificate of inheritance (if the insured party was unmarried at the time of death)
- Medical report (issued by the doctor who last treated the deceased or confirmed their death)

8. Confirmation of the cause of death: illness, accident, suicide

If, at the time of death, the insured party was divorced or their partnership had been legally dissolved, we also require the following

- Copy of the divorce/court decree and evidence of the most recent maintenance payment
- Ruling from the AHV/IV or other social security institution about the payment of any benefit

If the insured party died as the result of an accident, we also require the following

- Annuity ruling from the accident insurer under the Accident Insurance Act and the AHV

Place and date

Company (stamp and signature)