

Notification of death (temporary employee)

Employer		Contract no.	
-----------------	--	---------------------	--

Information on the insured person

	☐ Mr	☐ Ms	
Surname			First name
Street			Postcode,
Insured no.			Date of birth
Entry date			Correspondence language ☐ DE ☐ FR ☐ IT ☐ EN

Marital status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Domestic partnership

If divorced, please enclose a copy of the divorce certificate.

Death

Died on		Cause of de	
		☐ Illness	☐ Accident

Please enclose a copy of the official death certificate and in the case of accident or suicide the UVG notification.

Employment relationship

First deployment		☐ Registration from 1st day	☐ After 3 months
Last deployment		☐ Subject to duty of maintenance	☐ Voluntary

Please enclose a copy of the employment contract and a detailed salary statement.

Partner

	☐ Mr	☐ Ms	
Surname			First name
Street			Postcode, Place
Telephone			Insured no.

Please enclose proof of partnership (copy of family record book, cohabitation agreement, etc.).

Contact person (if not partner)

	☐ Mr	☐ Ms	
Surname			First name
Street			Postcode, Place
Telephone			Relationship

Information on benefit claim

Before the event of death was there an incapacity for work? ☐ Yes, since ☐ No

Children

If under 18 or in training / education up to the age of 25.

Surname	First name	Date of birth

Please enclose confirmation of training / education.

Comments

Stamp and signature

Place, Date

Stamp and signature of employer