

Notification of death

Employer		Contract no.	
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Information on the insured person

	☐ Mr	☐ Ms
Surname		
Street		
Insured no.		
Entry date		
First name		
Postcode, Place		
Date of birth		
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 death	
		☐ Illness	☐ Accident

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

Partner

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

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

Contact person (if not partner)

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