

# Notification of a Death

\*Contract no.: \_\_\_\_\_  
 \*Policy no.: \_\_\_\_\_  
 \*Company: \_\_\_\_\_  
 Street, no.: \_\_\_\_\_  
 Zipcode, city: \_\_\_\_\_

Please fill out all sides and sign.

\*Date of death: \_\_\_\_\_ \*Was the death caused by an accident?  Yes  No

## 1 Personal details concerning the insured person (to be completed by the employer)

\*Last name: \_\_\_\_\_ \*First name: \_\_\_\_\_

\*Street, no.: \_\_\_\_\_ \*Zipcode, city: \_\_\_\_\_

Profession/function: \_\_\_\_\_ \*Civil status: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of joining company: \_\_\_\_\_

\*Was the deceased incapacitated for work prior to death?  Yes  No

\*Do claims exist based on other insurance institutions?  Yes  No

Accident insurer: \_\_\_\_\_  Military insurance

Other insurance carriers (including foreign social insurance schemes): \_\_\_\_\_

**Federal Old-Age and Survivors' Insurance** Social security number: \_\_\_\_\_

Application to be made, as per: \_\_\_\_\_  Application made on: \_\_\_\_\_

Responsible canton \_\_\_\_\_

Responsible Compensation Office \_\_\_\_\_

## 2 Information concerning the entitlement to death benefits (persons entitled)

a) Widow/Widower/registered Partner

Last name, first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street, no.: \_\_\_\_\_ Zipcode, city: \_\_\_\_\_

b) Divorced spouse or partner whose partnership has been dissolved (if the marriage or registered partnership with the deceased lasted more than ten years)

Last name, first name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street, no.: \_\_\_\_\_ Zipcode, city: \_\_\_\_\_

c) Was the deceased survived by children for whom benefits are being claimed?

Last name:	First name:	Date of birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Required Documents

Copy of the family register and, in addition, with respect to children who are engaged in vocational training or studies and who are older than the age limit of 18, a confirmation of the relevant educational institution.

d) Additional persons entitled to benefits in accordance with the pension fund regulations  
(if there are no persons eligible under a-c):

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Type of claim: \_\_\_\_\_

**Documents to be enclosed**

	Enclosed	To follow
■ *Official death certificate	<input type="checkbox"/>	<input type="checkbox"/>
■ *Medical report on the cause of death	<input type="checkbox"/>	<input type="checkbox"/>
■ *Family register or official document confirming the registered partnership, in the case of survivors' pension	<input type="checkbox"/>	<input type="checkbox"/>
■ *Certificate of heredity	<input type="checkbox"/>	<input type="checkbox"/>
■ As the case may be, divorce settlement or the dissolution of the registered partnership and certification as to its finality (with respect to persons entitled to claims based on a previous marriage)	<input type="checkbox"/>	<input type="checkbox"/>
■ In the case of an obligation to pay benefits on the part of the accident or military insurance (Decision of the AHV and of the accident insurer)	<input type="checkbox"/>	<input type="checkbox"/>
■ Additional documents	<input type="checkbox"/>	<input type="checkbox"/>

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

\_\_\_\_\_  
Stamp, signature of the company

**Comments:**

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**Please return this form to:**

Helvetia Swiss Life Insurance Company Ltd, P.O. Box 3855, 4002 Basle