

# Notification of death

If one of your employees dies, the eligible survivors will receive a pension and/or a lump-sum death benefit depending on the regulations/pension plan.

## 1 Information about the contract and your deceased employee

Name of employer

---

---

Contract number

---

AHV number of your employee

---

Last name

---

First name

---

Street, no.

---

Zip code, town or city, country

---

---

Marital status

single  married  divorced  widowed  registered partnership  
 dissolved partnership

---

Date of birth

---

Date of death

---

Cause of death

Accident  
 Sickness

---

**Was the deceased person unable to work prior to his or her death?**

No |  Yes

## Deadline

Please notify us of the death of your employee as soon as possible.



### Inability to work ...

... is when someone is no longer able to pursue the occupation they performed before falling ill, for a certain amount of time due to medical reasons. Inability to work, therefore, always relates to the employee's current occupation.

## 2

### Information about the survivors

Last name

First name

Street, no.

Zip code, town  
or city, country

Phone number

Relationship  
to the deceased

## 3

### Comments

Comments

Place, date

Signature

## 4

### What happens next?

Once we have received your notification, we will contact the survivors and take the next appropriate steps.

Please send the completed and signed form by regular mail or email to:

Zurich Insurance Company Ltd  
Benefits Group Life  
P.O. Box  
8085 Zurich  
claimslife.slka@zurich.ch

### Do you have any questions about this form?

Benefits Group Life (phone +41 44 629 08 85) is available to answer your questions from 8 a. m. to 5 p. m. from Monday to Friday.