

Notification of Death

Corporate Life and Pension Benefits

1 Contract information

Name of employer or pension fund

Contract no.

2 Information about the insured deceased person

Last name

First name

Street/no.

ZIP code, city/town

AHV number

Marital status: single married widowed divorced registered partnership dissolved partnership

Date of birth (Day/Month/Year)

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Date of death (Day/Month/Year)

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Cause of death: illness accident

Was the deceased person incapable of work or disabled three months or longer before death? Yes No

3 Details of surviving dependants

Last name

First name

Street/no.

ZIP code, city/town

Relation to the deceased person

Telephone

E-mail

4 Comments

Place and date (Day/Month/Year)

Submit

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.

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