

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

Please join us a copy of the official death certificate.

3 Contact person

Last name

First name

Street/no.

ZIP code, city/town

Relation to the deceased person

Telephone

E-mail

4 Comments

5 Privacy policy

The applicant acknowledges that, in connection with benefit and claim settlement and for other purposes, Zurich Life Insurance Company Ltd (Zurich Life) processes data which refers to natural persons (personal data). Zurich's privacy policy contains more information on this processing. This privacy policy can be viewed at www.zurich.ch/en/data-protection or ordered by contacting Zurich Insurance Company Ltd, Datenschutz, P.O. Box, CH-8085 Zurich, datenschutz@zurich.ch.



Zurich Life reserves the right to share personal data – where necessary also including health data – in this connection, as well as in cases mentioned in the privacy policy, with third parties.

The applicant is obliged to inform third parties whose personal data they forward to Zurich Life about the processing of their personal data by Zurich.

Do you have any questions about this form?

Benefits Group Life (phone +41 44 628 20 91) is available to answer your questions from 8 a.m. to 5 p.m. from Monday to Friday.

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ZH27279e-2407

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