asga

Rosenbergstrasse 16
Postfach, 9001 St.Gallen

T +41 71 228 52 52
F +41 71 228 52 55

versicherte@asga.ch
www.asga.ch

Notification of a death

Please complete in BLOCK CAPITALS. Forms completed in full save you and us extra work.

☐ Pension fund	☐ Pension Foundation

1. Employer

Last name		
Member/contract no.		
Contact person	☐ Company	☐ Broker
Email	Tel. no.	

2. Insured person

Last name	First name	
Social insurance number	Marital status	
Date of birth	Gender	☐ M ☐ F
Street, no.	Postcode	Place

3. Insured event

Cause	☐ Accident	☐ Sickness
Death (date)		
Was the deceased unable to work prior to their death?		☐ No ☐ Yes (if notification has not yet been provided, please submit the form “Notification of incapacity for work” together with the necessary documentation.)

▾ *Please pay particular attention to the following page.*

4. Surviving person/contact person

Last name	First name	
Date of birth	Gender	☐ M ☐ F
Street, no.	Postcode	Place
Degree of kinship/relationship to the deceased person		

Remarks

Please attach the following documents to this form (if available):

- *Official death certificate*
- *Doctor's report*
- *Copy of family register or equivalent document proving that the insured person was married at the time of death*
- *OASI decision*
- *Copy of page of family register showing the children of the deceased or an equivalent document*
- *Academic certificates for children aged 20 or over*
- *In the event of an accident: accident report and AIA decision*
- *Inheritance register*
- *Divorce decree (if divorced)*
- *Proof of residence/evidence of civil partnership*
- *Employer's obligation to continue salary payments*

Place	Date

Signature

Please send us this form filled out and signed to Asga, Postfach, 9001 St.Gallen.