

## asga asga

## Notification of a death

Please complete in block capitals. Forms completed in full save you and us extra work.

☐ Pensionskasse (p	pension fund)	□ Vorsorgestiftun	g (pension founda	ation)
(i) Information on b	enefit cases			
► Once we have this r	notification, you will rece	ive the corresponding docu	umentation for the proce	ssing of the benefit case.
1. Company				
Name				
Member/contract no	0.			
Contact person			□ Company	□ Broker
E-mail			Tel. no.	
2. Insured				
Last name			First name	
AHV/AVS no.			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
				<ul> <li>Yes (If notification has not yet been provided, please submit the form "Notification of incapacity for work" together with the necessary documentation.)</li> </ul>



Remarks					
(i) Please attach the following documents to this form:					
Official death certificate					
► Doctor's report					
► Copy of family register or equivalent document proving that the insured was married at the time of death					
► AHV/AVS decision					
Copy of page of family register showing the children of the deceased or an equivalent document					
► Academic certificates for children aged 18 or over					
► In the event of an accident: accident report and UVG decision					
► Inheritance register					
► Divorce decree (if divorced)					
► Confirmation of place of residence if co-habiting					
► Employer's obligation to continue salary payments					
Place	Date				
Stamp and signature of company					

