

## Notification of death (survivors' benefits from pension fund)

### Personal details of the deceased insured person

**AHV number:**

 Name, First name:
 


 Street, Number:
 

 Postcode, Town:
 

 Date of birth:
 

 Date of death (day, month, year):
 

Cause of death:

 Sickness

 Accident

### Marital status of the deceased insured person

 Marital status:
  Single
  Married
  Separated
  Divorced
  Widowed

 Registered partnership

 Dissolved partnership

 since (date):
 

### Contact person

**AHV number:**

 Name, First name:
 


 Street, Number:
 

 Postcode, Town:
 

 Telephone:
 

 E-Mail:
 

### Partner

 Spouse

 Registered partner

 Life partner registered with GastroSocial

**AHV number:**

 Name, First name:
 


 Street, Number:
 

 Postcode, Town:
 

 Date of birth:
 

### Children

The deceased insured person left behind surviving children under the age of 20

 Yes  No

 The deceased insured person left behind surviving children under 25 who are still in education  
(confirmation of education required)

 Yes  No

The deceased insured person left behind surviving disabled children (disability at least 70 %)

 Yes  No

Name, First name:	Date of birth:	AHV number:	in education:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Persons supported to a considerable extent by the deceased insured person

Name, First name: \_\_\_\_\_ **AHV number:** \_\_\_\_\_

Street, Number: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Support contract exists  Yes  No

### Other eligible persons

#### Parents of the deceased insured person

Name, First name of father: \_\_\_\_\_ **AHV number:** \_\_\_\_\_

Street, Number: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widowed  
 Registered partnership  Dissolved partnership  Deceased  
 since (date): \_\_\_\_\_

Name, First name of mother: \_\_\_\_\_ **AHV number:** \_\_\_\_\_

Street, Number: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital status:  Single  Married  Separated  Divorced  Widowed  
 Registered partnership  Dissolved partnership  Deceased  
 since (date): \_\_\_\_\_

### Last employer of the deceased insured person

Company name: \_\_\_\_\_

Street, Number: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

The employment relationship lasted from: \_\_\_\_\_ until: \_\_\_\_\_

During the above-mentioned employment relationship, was the insured deceased unable to work directly before his or her death?

Yes  No

If yes, please indicate when the incapacity to work began: \_\_\_\_\_

### Other insurance

Was the deceased insured person receiving unemployment benefits at the time of his/her death?  Yes  No

Has an application for benefits (BVG) already been submitted to another pension fund?  Yes  No

If yes, which one? \_\_\_\_\_

Has an application for AHV or IV benefits already been submitted or is an entitlement decision pending?

For the deceased insured person  Yes  No

For the eligible person  Yes  No

For children or orphans  Yes  No

Are any eligible persons entitled to benefits under the following insurance schemes?

Old Age and Survivors' Insurance (AHV)  Yes  No

Accident Insurance (UVG)  Yes  No

Federal Military Insurance (MVG)  Yes  No

Other/Liability insurance (if accident caused by third party)

No

Yes (please provide details of the responsible insurance company)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

Policy number: \_\_\_\_\_

Accident caused by: \_\_\_\_\_

