

Notification of death

Employer

Company _____ Contract no. _____
Street/no. _____ Postcode/place _____
Telephone no. _____ Contact _____

Insured person

Surname _____ First name _____
Street/no. _____ Postcode/place _____

Date of birth [] [] [] [] [] [] [] [] [] [] SC no. _____ Male Female

Marital status Single Married In a registered partnership
 Cohabiting Partner registered with Profond during their lifetime Yes No
 Divorced Widowed Widowed from a registered partnership

Most recent residential address _____

Joined the company [] [] [] [] [] [] [] [] [] [] Date of demise [] [] [] [] [] [] [] [] [] []

Cause of death Illness -> Type of illness _____
 Accident Suicide UVG insurer _____

Was the insured person incapable of working before his/her death? Yes, since [] [] [] [] [] [] [] [] [] [] No

Continued payment of wages/additional wage payments by the employer until date [] [] [] [] [] [] [] [] [] [] (Art. 338 OR)

Surviving dependants

1. Partner's personal details

Surname, First name _____ Date of birth [] [] [] [] [] [] [] [] [] []
Street/no. _____ Postcode/place _____

2. Details of dependant children (if the children are older than 18, please enclose current confirmation of education if any)

Surname, First name _____ Date of birth [] [] [] [] [] [] [] [] [] []
Surname, First name _____ Date of birth [] [] [] [] [] [] [] [] [] []
Surname, First name _____ Date of birth [] [] [] [] [] [] [] [] [] []

3. Personal details of a contact person – if not the partner: e.g. parents

Surname, First name _____ Telephone no. _____
Street/no. _____ Postcode/place _____
Relationship with the deceased person _____

Comments

Place, date

Stamp and signature of the employer



Documents

Please enclose a copy of the death certificate and of the family book – if available.