

## Notification of a Death

For the attention of Helvetia,  
Swiss Life Insurance company Ltd

Contracting office:

\*Contract no.:

\*Policy no.:

\*Company:

Street, no.:

Zipcode, city:

Please fill out all sides and sign.

\*Date of death:

\*Was the death caused by an accident?

☐ Yes

☐ No

### 1 Personal details concerning the insured person (to be completed by the employer)

\*Last name:

\*First name:

\*Street, no.:

\*Zipcode, city:

Profession/function:

\*Civil status:

Date of birth:

Date of joining company:

\*Was the deceased incapacitated for work prior to death?

☐ Yes

☐ No

\*Do claims exist based on other insurance institutions?

☐ Yes

☐ No

☐ Accident insurer:

☐ Military insurance

☐ Other insurance carriers (including foreign social insurance schemes):

### (\*)Federal Old-Age and Survivors' Insurance

AHV insurance number:

☐ Application to be made, as per:

☐ Application made on:

Responsible canton

Responsible Compensation Office

### 2 Information concerning the entitlement to death benefits (persons entitled)

a) Widow/Widower/registered Partner

Last name, first name:

Date of birth:

Street, no.:

Zipcode, city:

b) Divorced spouse or partner whose partnership has been dissolved (if the marriage or registered partnership with the deceased lasted more than ten years)

Last name, first name:

Date of birth:

Street, no.:

Zipcode, city:

c) Was the deceased survived by children for whom benefits are being claimed?

Last name, first name:

Date of birth:

**Required Documents:** Copy of the family register and, in addition, with respect to children who are engaged in vocational training or studies and who are older than the age limit of 18, a confirmation of the relevant educational institution.

- d) Additional persons entitled to benefits in accordance with the pension fund regulations  
(if there are no persons eligible under a-c):

---

Type of claim:

---

**Documents to be enclosed**

Enclosed      To follow

- |  |                          |                          |
|--|--------------------------|--------------------------|
| ■ *Official death certificate  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ *Medical report on the cause of death  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ *Family register or official document confirming the registered partnership,<br>in the case of survivors' pension  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ *Certificate of heredity   | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ As the case may be, divorce settlement or the dissolution of the registered<br>partnership and certification as to its finality (with respect to persons<br>entitled to claims based on a previous marriage) | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ In the case of an obligation to pay benefits on the part of the accident<br>or military insurance (Decision of the AHV and of the accident insurer)  | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Additional documents   | <input type="checkbox"/> | <input type="checkbox"/> |
- 

---

Place, date

Stamp, signature of the company

**Comments:**

---

---

---

---

**Please return this form to:** Your contracting office or Swisscanto Collective Foundation, Branch office,  
St. Alban-Anlage 26, P.O.Box 3855, 4002 Basle