

## Declaration for the surviving partner's pension

### Employer

Company name: \_\_\_\_\_ Contract No.: \_\_\_\_\_

### Insured person

Name: \_\_\_\_\_ Social insurance No.: 756. \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_ Gender: ☐ M ☐ W

### Partner

Name: \_\_\_\_\_ Social insurance No.: 756. \_\_\_\_\_

First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital status: \_\_\_\_\_ Gender: ☐ M ☐ W

### Additional information

Address of the current shared household: \_\_\_\_\_

Starting date of the shared household: \_\_\_\_\_

Shared children: ☐ no ☐ yes (enclose a copy of the family record booklet)

### Statutory requirements

The partner of a deceased member is entitled to a surviving partner's pension if, at the member's death:

- the partners share a common life and destiny similar to marriage and have cohabited for an uninterrupted period of at least five years immediately prior to the death, or were cohabiting and were responsible for the maintenance of one or more of the couple's children,
- the two partners are neither married, nor related (within the meaning of CC Art. 95),
- the two partners are not registered partners within the meaning of LPart/PartG,
- the surviving partner does not receive a spouse's pension or partner's pension from a previous marriage or partnership,
- this declaration has been duly completed and signed by both partners and sent to the Pension Fund before the death of the insured person.

The Pension Fund will only examine the entitlement to benefits after the death of the insured person. The surviving partner is responsible for proving that all the requirements were met at the time of death.

The insured person undertakes to notify the Pension Fund immediately of the end of the cohabitation in a joint household with the afore-mentioned partner.

Place and date:

Signature of the insured person:

\_\_\_\_\_

\_\_\_\_\_

Place and date:

Signature of the partner:

\_\_\_\_\_

\_\_\_\_\_