

Notice of death

Employer

Company name: _____ Contract No.: _____

Insured person

Name: _____ Social insurance No.: 756. _____

First name: _____ Date of birth: _____

Address: _____ Marital status: _____

Postcode/Town: _____ Occupation: _____

Details of the claim

Date of death: _____

Annual salary before death *: CHF _____

The death is due to: illness accident other

The claim was notified to: insurance for loss of earnings in case of illness accident insurance

Insurer: _____

Address: _____

Postcode/Town: _____

Claim No.: _____

Details of the contact person

Name and first name: _____

Address: _____

Postcode/Town: _____

Relationship with the deceased person: _____

Enclosures

- Death certificate
- Statements of daily illness allowance or accident benefits
- Apprenticeship contract or school certificate for orphans aged over 18
- *In the case of hourly wages, enclose the salary statements for the last 12 months before the death

Comments

Place and date:

Stamp and signature of the employer: