

## 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

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Place and date :

Stamp and signature of the employer:

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