

Notification of death

Personal details

Member's name, first name: _____

N° AVS: _____

Address: _____

Postal code, place: _____

Employer: _____ Contract N°: _____

Date of death (day, month, year): _____

Actual cause of death: _____

Was death accidental or related to an earlier accident? yes no

In the affirmative, has the accident insurance been notified? yes no

Name of accident insurance: _____

Regulatory annual salary: Fr. _____

Instructions for payment of benefits to beneficiaries

Name and address of bank or postal account: _____

Account number: _____

Name of account holder: _____

Annexes

- Updated family record booklet
- Death certificate
- Official list of heirs
- For orphans over 18, apprenticeship contract or school certificate
- Divorce decree, if applicable

Place and date:

Employer's stamp and signature: