

## REPORT OF A DEATH (Employer form)

Page 1: To be completed by the deceased's employer

### COMPANY

Company name \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 Contact person \_\_\_\_\_ Street, No. \_\_\_\_\_  
 Tel.-No. \_\_\_\_\_ Postcode, Place \_\_\_\_\_  
 E-Mail \_\_\_\_\_

### INSURED PERSON

Name, First name \_\_\_\_\_ OASI No. \_\_\_\_\_  
 Date of birth \_\_\_\_\_ (dd/mm/yyyy) Date of death \_\_\_\_\_ (dd/mm/yyyy)  
**Enclose copy of the death certificate**  
 Gender  female  male Level of employment prior to death \_\_\_\_\_ %  
 Civil status  married  civil partnership Married /civil partnership  
 single  divorced  widowed since \_\_\_\_\_ (dd/mm/yyyy)  
 co-habiting \* \* Partner registered with pension institution during lifetime  Yes  No  
 Last place of residence prior to death \_\_\_\_\_

### Partner

Name, First name \_\_\_\_\_ Street, No. \_\_\_\_\_  
 Gender  female  male Postcode, Place \_\_\_\_\_  
 Date of birth \_\_\_\_\_ (dd/mm/yyyy) Tel.-No. \_\_\_\_\_

### Contact person (if not partner)

Name, First name \_\_\_\_\_ **Enclose copy of representative's authorisation**  
 Verwandtschaftsgrad \_\_\_\_\_ Street, No. \_\_\_\_\_  
 Tel.-No. \_\_\_\_\_ Postcode, Place \_\_\_\_\_

### Children

**If in vocational training: Enclose confirmation(s) of training**  
 1. Name, Firstname \_\_\_\_\_ Date of birth \_\_\_\_\_ (dd/mm/yyyy) Gender  f  m  
 Place of residence \_\_\_\_\_  
 2. Name, Firstname \_\_\_\_\_ Date of birth \_\_\_\_\_ (dd/mm/yyyy) Gender  f  m  
 Place of residence \_\_\_\_\_  
 3. Name, Firstname \_\_\_\_\_ Date of birth \_\_\_\_\_ (dd/mm/yyyy) Gender  f  m  
 Place of residence \_\_\_\_\_

### DETAILS ON ENTITLEMENT CASE

Date joined company \_\_\_\_\_ (dd/mm/yyyy) Date left company \_\_\_\_\_ (dd/mm/yyyy)  
 Cause of death  Illness Diagnosis \_\_\_\_\_  
 Accident Name of LAI insurer \_\_\_\_\_  
 Accident No. (if available) \_\_\_\_\_  
 Suicide Name of LAI insurer \_\_\_\_\_  
 Accident No. (if available) \_\_\_\_\_  
 Was there a disability prior to death?  Yes\*, since \_\_\_\_\_ (dd/mm/yyyy)  No

\* Enclose copies of any daily allowance payments

Continued provision of salary as per Art. 338 Para. 2 OR [Swiss Code of Obligations] (Continued pay)  
 by company until \_\_\_\_\_ (dd/mm/yyyy)  
 Place, Date: \_\_\_\_\_ Stamp, Signature: \_\_\_\_\_

**Print out report and forward together with enclosures to your pension institution.**

## REPORT OF A DEATH (Pension institution form)

Page 2: To be completed by the pension institution

### PENSION INSTITUTION

Name pension institution \_\_\_\_\_ P.O. Box \_\_\_\_\_  
 Contact person \_\_\_\_\_ Street, No. \_\_\_\_\_  
 Tel.-No. \_\_\_\_\_ Postcode, Place \_\_\_\_\_  
 E-Mail \_\_\_\_\_

### DETAILS ON ENTITLEMENT CASE

Name, First name of insured person \_\_\_\_\_

Date of birth of insured person \_\_\_\_\_ (dd/mm/yyyy)

Date company joined pension institution \_\_\_\_\_ (dd/mm/yyyy)      Joining No. \_\_\_\_\_

Was an early withdrawal made for the home ownership promotion scheme?       Yes  No

Was salary seized?       Yes  No

If yes:  
 Name of lienholder \_\_\_\_\_  
 Address of lienholder \_\_\_\_\_

Was a health check carried out on joining?       Yes  No

**If yes, enclose copy of health questionnaire**  
 If yes, what was it? \_\_\_\_\_

Was there a reservation on joining?       Yes  No

**Enclose copy of the reservation**  
 If yes, what was it? \_\_\_\_\_

Was there a reservation at the time of decease?       Yes  No

**Enclose copy of the reservation**  
**If yes, enclose a copy of the order of beneficiaries**

Was the order of beneficiaries changed?       Yes  No

Was the insured person registered as unfit to work?       Yes  No

Was a vested benefit transferred?       Yes  No

Sum of old-age savings on day of decease **or** at the end of the month of decease or on 1st of the following month  
 As per plan: CHF \_\_\_\_\_ per \_\_\_\_\_ (dd/mm/yyyy)      BVG sum of surviving dependents benefits CHF \_\_\_\_\_

As per BVG: CHF \_\_\_\_\_ per \_\_\_\_\_ (dd/mm/yyyy)      BVG sum of orphans' pension benefits      CHF \_\_\_\_\_

Of which account early retirement      CHF \_\_\_\_\_

Of which payable voluntary purchases      CHF \_\_\_\_\_

### COMMENTS

\_\_\_\_\_

**Please note: In the event of an entitlement case no payments (early withdrawal for the home ownership promotion scheme, seizure, divorce, vested benefits, etc.) may be made. Please implement a corresponding payments stoppage in your system!**

Place, Date: \_\_\_\_\_ Stamp, Signature: \_\_\_\_\_

Please also enclose the following documents: **Pension certificate, pension plan** If available: **Copy of death certificate, copy of current family record book, order of beneficiaries (if without partner)**

Send the form and documents to: **PKRück, Leistungen, Zollikerstrasse 4, Postfach, 8032 Zürich**

**Please note that we can only process a death if we have been provided with all the documents and information!**