

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!