

OCCUPATIONAL PENSION INSURANCE

Notification of death

Company

Contract no.*

Insured person no.*

*Fields can be completed by Allianz Suisse Life.

DETAILS OF THE DECEASED PERSON

Surname	First name
Street, no.	Postcode, town/city
Date of birth	Date of death
Marital status	Spouse's/life partner's/registered partner's date of birth

ADDITIONAL INFORMATION

Are there any entitlements to benefits from other insurance providers?
Retirement and Survivors' Insurance/Disability Insurance (AHV/IV), Accident Insurance (UV),
Occupational Pension Insurance (BV), Military Insurance (MV) or other insurance carriers
(e.g. foreign social security insurers). If so, please attach assessment/statement.

Yes No

Name and address:

If the Pension Rules provide for a "lump-sum" option:
Would the beneficiary like to receive a quote for a one-off lump-sum payment in place of a pension?
If not, a pension will automatically be paid if the conditions for entitlement are fulfilled.

Yes No

Is a divorced spouse or former registered partner making a claim?
If so, please attach a copy of the divorce ruling or (in the case of a registered partnership)
the dissolution ruling as well as the AHV assessment.

Yes No

Until when was the deceased person entitled to receive salary payments, or until when were
the survivors entitled to salary continuation according to Article 338 OR?

DETAILS FOR JUSTIFICATION OF ENTITLEMENT TO DEATH BENEFITS (FOR BENEFICIARIES)

Please note: each beneficiary must substantiate his or her own entitlement to lump-sum and/or pension benefits.
For this reason, separate account details for transfers must be provided for all beneficiaries, regardless of their age.

SURNAME / FIRST NAME

ADDRESS

RELATIONSHIP
WITH THE DECEASED PERSON

ENCLOSURES (COPIES)

Enclosed To follow

- Official death certificate
- Updated family booklet
- Medical report on the cause of death issued after the deceased person's death
Form available online at www.allianz.ch/bvg-employers
- Paying-in slip(s) and/or confirmation(s) of the IBAN and BIC/SWIFT numbers
- Evidence from entitled orphans that they are still in education
- Divorce or (in the case of a registered partnership) dissolution ruling
- The full AHV assessment, giving details of the amount of the survivors' benefits
- In the case of death as a result of an accident: the full assessment of the accident insurer, with details of the amount of the pension benefits
- The current residence permit of each beneficiary as issued by the immigration authorities
- The final salary statement of the deceased person, including details of any child allowances
- For life partners: current certificate of residence for the deceased person and for the person making the claim

COMMENTS

CONTACT PERSON IN CASE OF ENQUIRIES

The following person is available during the day to answer any questions:

First name, surname

Home phone number

Work phone number

Mobile phone number

E-mail address

By signing this form, you confirm that:

- no police report was prepared.
- no autopsy report was prepared.
- you have understood and truthfully answered all the questions asked and have submitted all the documents and information needed to clarify the case.
- none of the beneficiaries or their legal representatives has appealed or intends to appeal against the assessments handed down by the social security insurers. If proceedings are pending, you hereby declare with binding effect that Allianz Suisse Life will be informed of this without delay.
- you have duly noted that Allianz Suisse Life disclaims any and all liability for consequences arising from a breach of information or notification obligations on the part of beneficiaries, employers or third parties.

Place, date

Signature

This form has been signed by _____
(first name and surname in capital letters)

What is your relationship with the deceased person? _____

Address of the community of heirs: _____

Please send the completed form to:

Allianz Suisse Life, Group Life Claims Service, P.O. Box, 8010 Zurich or leistungsdienst@allianz.ch