

## Occupational pension insurance Notification of death

Company	Contract no.*	Insured person no.*
<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Fields can be completed by Allianz Suisse Life.

### Details of the deceased person

Surname	First name
<input type="text"/>	<input type="text"/>
Street, no.	Postcode, town / city
<input type="text"/>	<input type="text"/>
Date of birth	Date of death
<input type="text"/>	<input type="text"/>
Marital status	Spouse's/life partner's/registered partner's date of birth
<input type="text"/>	<input type="text"/>

### 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?

Date

### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account details: please attach a paying-in slip and /or a confirmation from your bank of your IBAN and BIC /SWIFT numbers.

### Enclosures (copies)

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

## Comments


## Contact person in case of enquiries

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

Surname	First name
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.

Information on data protection, in particular on the uses and recipients of your data and on your rights, can be found in our data protection statement at [allianz.ch/privacy-policy](https://allianz.ch/privacy-policy).



## Signature

Place, date	Signature
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This form has been signed by (first name and surname in capital letters):

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What is your relationship with the deceased person?

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Address of the community of heirs:

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Please send the completed form to: Allianz Suisse Life, Group Life Claims Service, P.O. Box, 8010 Zurich or [leistungsdienst@allianz.ch](mailto:leistungsdienst@allianz.ch).