

REPORT OF A DEATH (Employer form)

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

COMPANY

Company name _____
 Contact person _____
 Tel.-No. _____
 E-Mail _____

P.O. Box _____
 Street, No. _____
 Postcode, Place _____

INSURED PERSON

Name, First name _____
 Date of birth _____ (dd/mm/yyyy)

OASI No. _____
 Date of decease _____ (dd/mm/yyyy)

Gender female male
 Civil status married civil partnership
 single divorced widowed
 co-habiting * * Partner registered with pension institution during lifetime

Enclose copy of the death certificate
 Level of employment prior to decease _____ %
 Married /civil partnership
 since _____ (dd/mm/yyyy)
 Yes No

Last place of residence prior to decease _____

Partner

Name, First name _____
 Gender female male
 Date of birth _____ (dd/mm/yyyy)

Street, No. _____
 Postcode, Place _____
 Tel.-No. _____

Contact person (if not partner)

Name, First name _____
 Verwandtschaftsgrad _____
 Tel.-No. _____

Enclose copy of representative's authorisation
 Street, No. _____
 Postcode, Place _____

Children

1. Name, Firstname _____
 Place of residence _____
 2. Name, Firstname _____
 Place of residence _____
 3. Name, Firstname _____
 Place of residence _____

If in vocational training: Enclose confirmation(s) of training

Date of birth _____ (dd/mm/yyyy) Gender f m
 Date of birth _____ (dd/mm/yyyy) Gender f m
 Date of birth _____ (dd/mm/yyyy) Gender f m

DETAILS ON ENTITLEMENT CASE

Date joined 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) _____

Date left company _____ (dd/mm/yyyy)

Was there a disability prior to decease? 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: PKG Pensionskasse, Zürichstrasse 16, 6000 Luzern 6