



Notification of death

Employer**Contract no.**

Information on the insured person

 Mr Ms

Surname

First name

Street

Postcode, Place

Insured no.

Date of birth

Correspondence language

 G F I E

Entry date

Marital status

 Single Married Widowed Divorced Domestic partnership

If divorced, please enclose a copy of the divorce certificate.

Death

Died on

Cause of death

 Illness Accident

Please enclose a copy of the official death certificate and in the case of accident or suicide the UVG notification.

Partner

 Mr Ms

Surname

First name

Street

Postcode, Place

Telephone

Insured no.

Please enclose proof of partnership (copy of family record book, cohabitation agreement, etc.).

Contact person (if not partner)

 Mr Ms

Surname

First name

Street

Postcode, Place

Telephone

Relationship

Information on benefit claim

Before the event of death was there an incapacity for work?

 Yes, since No

Children

If under 18 or in training / education up to the age of 25.

Surname

First name

Date of birth

Please enclose confirmation of training / education.

Comments

Place, Date

Stamp and signature of employer

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