

simple. clear. helvetia.
Your Swiss Insurer

Postal address
Helvetia Insurance
P.O. Box 99
8010 Zurich

Death

Employer

Company

Contract number

Employee

Policy no.

Title

- ☐ Ms
☐ Mr

First name

Last name

Street

No.

Postcode

Place

Country

Date of birth

Marital status

Death

Date of death

Was the death the result of an accident?

- ☐ Yes
☐ No

Prior to death, was the deceased able to work/earn?

- ☐ Yes
☐ No

If so, since

Are there any other claims from other insurance institutions?

- ☐ Yes
☐ No

☐ Accident insurer

Name of accident insurer

☐ Other insurers (incl. social insurers outside Switzerland)

Name of insurer

☐ military insurance

Has the person been registered with the Swiss old-age and survivors' insurance?

- ☐ Yes
☐ No

Done on

Are there any plans for the person to be registered with the Swiss old-age and survivors' insurance?

- ☐ Yes
☐ No

Surviving dependants

Are details of the reason for entitlement to death benefits known and are any other documents available?

- ☐ Yes
☐ No

If so, please specify the persons entitled to claim.

☐ Surviving spouse/registered partner

First name

Last name

Street

No.

Postcode

Place

Telephone no.

E-mail:

☐ Is the contact person

☐ Divorced spouse or partner from a dissolved partnership

First name

Last name

Street

No.

Postcode

Place

☐ Is the contact person

Telephone no.

E-mail:

☐ Partner

First name

Last name

Street

No.

Postcode

Place

☐ Is the contact person

Telephone no.

E-mail:

☐ Children, step children and foster children for whom benefits (orphans' pension) can be claimed.

Child

First name

Last name

Street

No.

Postcode

Place

Year of birth

☐ Is the contact person

Telephone no.

E-mail:

Child

First name

Last name

Street

No.

Postcode

Place

Year of birth

☐ Is the contact person

Telephone no.

E-mail:

Child

First name

Last name

Street

No.

Postcode

Place

Year of birth

☐ Is the contact person

Telephone no.

E-mail:

Child

First name

Last name

Street

No.

Postcode

Place

Year of birth

☐ Is the contact person

Telephone no.

E-mail:

☐ Others entitled to claim according to the benefit regulations.

Other entitled person

First name

Last name

Street

No.

Postcode

Place

Relationship with the deceased

- ☐ Child with no entitlement to benefits
- ☐ Siblings
- ☐ Parent
- ☐ Person receiving substantial support
- ☐ Other legal heirs

☐ Is the contact person

Telephone no.

E-mail:

Other entitled person

First name

Last name

Street

No.

Postcode

Place

Relationship with the deceased

- ☐ Child with no entitlement to benefits
- ☐ Siblings
- ☐ Parent
- ☐ Person receiving substantial support
- ☐ Other legal heirs

☐ Is the contact person

Telephone no.

E-mail:

Documents

To simplify matters, please attach the documents you already have.

Documents required, depending on the situation:

- Official death certificate
- Doctor's report on the cause of death
- Family record document or certificate of the registered partnership for the surviving dependants' pension.
- List of heirs
- Divorce decree or ruling on the dissolution of a registered partnership and confirmation of legal validity (for claimants from a former marriage or registered partnership).
- In the event that the accident insurance and/or military insurance scheme is obligated to pay benefits: Pension rulings by OASI or by the accident insurance and/or military insurance schemes

Documents attached:

Contact person

Please provide a contact person from the circle of the survivors for further information.

First name

Last name

Street

No.

Postcode

Place

E-mail:

Telephone no.

Data protection

All personal data will be processed in accordance with the current legislation:

For compulsory occupational benefits, the data protection regulations of LOB (Art. 85a ff. LOB) apply. The provisions of the FADP apply in addition. The FADP applies to purely supplementary occupational benefits (for information e.g. identity and contact details of responsible persons, processing purposes, etc. please see www.helvetia.ch/privacy).