

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	
,	



0	Are there any other claims from other insurance institutions?				
\cap	Yes				
	No				
	Accident insurer				
Name	Name of accident insurer				
	Other insurers (incl. social insurers outside Switzerland)				
Name	of insurer				
	military insurance				
Has th	e person been registered with the Swiss old-ag	e and survivors' insurance	e?		
\bigcirc	Yes				
\circ	No				
Done	on				
	iving dependants etails of the reason for entitlement to death benefices	efits known and are any ot	her documents available?		
0	No				
	please specify the persons entitled to claim.				
If so, p					
If so, ŗ	Surviving spouse/registered partner				
If so, p		Last name			
	ame	Last name No.			
First n	ame				
First n Street	ame	No.	E-mail:		
First n Street	ame	No. Place Telephone no.	E-mail:		
First n Street	ame	No. Place	E-mail:		



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 w	hom benefits (orphans' pension	on) 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:	



Chil	d			
First	name	Last name	Last name	
Stre	et	No.	No.	
Post	tcode	Place		
Year	r of birth			
	Is the contact person	Telephone no.	E-mail:	
Chil				
First	name	Last name		
Stre	et	No.		
Post	tcode	Place		
Year	r of birth			
	Is the contact person	Telephone no.	E-mail:	
	Others entitled to claim according to the ber	nefit regulations.		
Othe	er entitled person			
First	name	Last name		
Stre	et	No.		
Post	tcode	Place		
Rela	ationship with the deceased	· · · · · · · · · · · · · · · · · · ·		
\circ	Child with no entitlement to benefits			
0	Siblings			
0	Parent			
0	Person receiving substantial support			
0	Other legal heirs			
	Is the contact person	Telephone no.	E-mail:	
ш	io the contact person			



Oth	ner entitled person				
Street Postcode		Last name	No. Place		
		No.			
		Place			
Rel	ationship 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:		
Do	cuments				
To	simplify matters, please attach the documents you	alroady bayo			
		ralleady flave.			
Doc	 Official death certificate Doctor's report on the cause of death Family record document or certificate of the List of heirs Divorce decree or ruling on the dissolution o (for claimants from a former marriage or region) In the event that the accident insurance and Pension rulings by OASI or by the accident in 	f a registered partnership a istered partnership). /or military insurance sche	and confirmation of legal validity me is obligated to pay benefits:		
Doo	cuments attached:				
Со	ntact person				
Ple	ase provide a contact person from the circle of the	survivors for further inforn	mation.		
	st name	Last name			
Stre	eet	No.			
Pos	stcode	Place			
E-m	nail:	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).