

## 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

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**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.

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**Comments**


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Place, Date

Stamp and signature of employer

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