

Profond Vorsorgeeinrichtung Zollstrasse 62 8005 Zürich T 058 589 89 81 Profond Institution de prévoyance Avenue de la Rasude 5 1006 Lausanne T 058 589 89 83

## Notification of death

Employer	
Employer Company	Contract no.
Ctrooting	
	Postcode/place Contact
Telephone no.	
Insured person	
Surname First name	e Telephone no
Street/no.	Postcode/place
Date of birth SC no.	☐ Male ☐ Female
Marital status ☐ Single ☐ Married ☐ In a	registered partnership
☐ Cohabiting Partner registered with P	rofond during their lifetime $\ \square$ Yes $\ \square$ No
☐ Divorced ☐ Widowed ☐ Widowed	dowed from a registered partnership
Most recent residential address	
Joined the company Date of de	emise
Cause of death □ Illness -> Type of illness	
☐ Accident ☐ Suicide UVG insurer	
Was the insured person incapable of working before his/her death? ☐ Yes, since ☐ No	
Continued payment of wages/additional wage payments	by the employer until date (Art. 338 OR)
Sundiving dependents	
<ul><li>Surviving dependants</li><li>1. Partner's personal details</li></ul>	
Surname, First name	Date of birth
Street/no.	Postcode/place
Details of dependant children (if the children are older tion if any)	er than 18, please enclose current confirmation of educa-
Surname, First name	Date of birth
Surname, First name	
Surname, First name	5
3. Personal details of a contact person – if not the partner: e.g. parents	
Surname, First name	Telephone no.
Street/no.	Postcode/place
Relationship with the deceased person	
Comments	
Place, date	Stamp and signature of the employer
Decuments	

## Documents

Please enclose a copy of the death certificate and of the family book - if available.

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