Profond

Profond Vorsorgeeinrichtung
Zollstrasse 62
8005 Zürich
T 058 589 89 81

Profond Institution de prévoyance
Rue des Côtes-de-Montbenon 16
1003 Lausanne
T 058 589 89 81

Notification of death

Employer

Company _____ Contract no. _____

Street/no. _____ Postcode/place _____

Telephone no. _____ Contact _____

Insured person

Surname _____ First name _____

Street/no. _____ Postcode/place _____

Date of birth __.__.____ SSN _____ ☐ Male ☐ Female

Marital status ☐ Single ☐ Married ☐ In a registered partnership

☐ Cohabiting Partner registered with Profond during their lifetime ☐ Yes ☐ No

☐ Divorced ☐ Widowed ☐ Widowed from a registered partnership

Most recent residential address _____

Joined the company __.__.____ Date of demise __.__.____

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)

Surviving dependants

1. Partner's personal details

Surname, First name _____ Date of birth __.__.____

Street/no. _____ Postcode/place _____

2. Details of dependant children (if the children are older than 18, please enclose current confirmation of education if any)

Surname, First name _____ Date of birth __.__.____

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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

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