

Notification of a death

Contract number	
Policyholder	
Policy number	

1. Personal details

Name and address	
Date of birth	
Marital status of the insured person at the time of death	
Married or in a registered partnership	<input type="radio"/> Yes
If so, date of marriage/registration	
Divorced or registered partnership dissolved	<input type="radio"/> Yes
Widowed	<input type="radio"/> Yes
Single	<input type="radio"/> Yes
Was the deceased in a partnership with an equivalent status to marriage at the time of death?	<input type="radio"/> Yes

If the insured person was unmarried but in a partnership with an equivalent status to marriage at the time of death, the following documents must be submitted:

- Municipal certificate of residence for the past five years for the insured person
- Municipal certificate of residence for the past five years for the surviving partner
- Extract from the civil register for the surviving partner
- Extract from the civil register for the surviving partner for children of both partners

Was the insured person ever divorced other than at the time of death, or was a registered partnership ever dissolved? Yes No

Name, date of birth, AHV number and address of all (including former) spouses and registered partners:

If one or more marriages or registered partnerships lasted longer than 10 years and a maintenance obligation (annuity or lump sum) was declared at the insured person's expense in the divorce or dissolution decree, please attach copies of the following documents:

- divorce decree, including divorce agreement, or corresponding documents relating to the dissolution of a registered partnership;
- AHV pension ruling and any ruling by the UVG insurer.

2. Orphans

Name, date of birth, AHV number and address of children of the insured person:

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For young people aged between 18 and 25 years of age who are in education or training, or who have a permanent occupational disability, please provide confirmation of the apprenticeship or the school/university, or enclose the pension ruling by the Federal Disability Insurance (IV).

3. Health-related incapacity for work before death

Was the insured person incapacitated for work for more than 3 months prior to death? Yes No

If so, from what date and what was the degree of the incapacity %

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Name and address of last treating physician

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If a medical certificate with diagnosis and case history is available, please enclose it or provide the name and address of the insurance company to which it was sent.

4. Information about the death

Cause of death

Cause of death

- | | |
|---|--|
| <input type="radio"/> Infectious disease | <input type="radio"/> Circulatory system failure |
| <input type="radio"/> Cancer | <input type="radio"/> Traffic accident |
| <input type="radio"/> Failure of the digestive system | <input type="radio"/> Other accidents, homicide |
| <input type="radio"/> Illness of the respiratory system | <input type="radio"/> AIDS |
| <input type="radio"/> Metabolic disease | <input type="radio"/> Drugs |
| <input type="radio"/> Suicide | <input type="radio"/> Psychological illnesses |
| <input type="radio"/> Other causes: | |

In each case, please enclose:

- Official death certificate
- Extract from the family register or copies of the insured person's complete Swiss family record booklet
- Address of the office or notary responsible for settlement of the estate
- Grant of probate/register of heirs

5. Name, address and telephone number of survivors

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6. Comments

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7. Release from duty of confidentiality

The undersigned person authorises the Baloise Life Ltd to process, coordinate and share his/her personal data for the purposes of verifying his/her insurance claim.

In particular, the Baloise Life Ltd may:

- transmit data to other involved parties (medical treatment providers, social and private insurers, pension funds, public authorities, case managers) for data processing purposes;
- obtain access to relevant information and records held by medical treatment providers (physicians, chiropractors, psychologists, persons providing services prescribed or ordered by physicians, laboratories, hospitals, rehabilitation clinics, inpatient and outpatient facilities and nursing homes), as well as social (AHV, IV, UVG and KVG insurance, Military Insurance, Unemployment Insurance) or private insurers, pension funds, public authorities, employers, and third-party providers of relevant information.

The undersigned person authorises the persons and institutions concerned to disclose to the Baloise Life Ltd on request any relevant information required for the verification and processing of the insurance claim and releases them from his/her obligation to maintain confidentiality for this purpose.

Place, date

Signature
