pk:rück

PKG
PENSIONSKASSE FÜR KMU

Report of a death (Employer form)

Page 1: To be completed by the deceased's employer

Company

Company name _____ P.O. Box _____

Contact person _____ Street, No. _____

Tel. No. _____ Postcode, Place _____

E-mail _____

Insured person

Name, First name _____ OASI No. _____

Date of birth _____ (dd/mm/yyyy) Date of decease _____ (dd/mm/yyyy)
Enclose copy of the death certificate

Gender ☐ female ☐ male Level of employment prior to decease _____ %

Civil status ☐ married ☐ civil partnership Married /civil partnership since _____ (dd/mm/yyyy)
☐ single ☐ divorced ☐ widowed
☐ co-habiting *

*Partner registered with pension institution during lifetime ☐ yes ☐ no

Last place of residence prior to decease _____

Partner

Name, First name _____ Street, No. _____

Gender ☐ female ☐ male Postcode, Place _____

Date of birth _____ (dd/mm/yyyy) Tel. No. _____

Contact person (if not partner)

Enclose copy of representative's authorisation

Name, First name _____ Street, No. _____

Degree of kinship _____ Postcode, Place _____

Tel. No. _____

Children

If in vocational training: Enclose confirmation(s) of training

1. Name, First name _____ Date of birth _____ (dd/mm/yyyy) Gender ☐ f ☐ m
   Place of residence _____
2. Name, First name _____ Date of birth _____ (dd/mm/yyyy) Gender ☐ f ☐ m
   Place of residence _____
3. Name, First name _____ Date of birth _____ (dd/mm/yyyy) Gender ☐ f ☐ m
   Place of residence _____

Details on entitlement case

Date joined company _____ (dd/mm/yyyy) Date left company _____ (dd/mm/yyyy)

Cause of death ☐ Illness Diagnosis _____
☐ Accident Name of LAI insurer _____
Accident No. (if available) _____
☐ Suicide Name of LAI insurer _____
Accident No. (if available) _____

Was there a disability prior to decease? ☐ Yes *, since _____ (dd/mm/yyyy) ☐ No
*** Enclose copies of any daily allowance payments**

Continued provision of salary as per Art. 338 Para. 2 OR [Swiss Code of Obligations] (Continued pay) by company until _____ (dd/mm/yyyy)

Place, Date _____ Stamp, Signature _____

Print out report and forward together with enclosures to your pension institution.