

**tellco**

Pension solutions. Banking. Real estate.

**Tellco pkPRO**

Bahnhofstrasse 4

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CH-6431 Schwyz

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tellco.ch

## Notification of death (temporary employee)

**Employer****Contract no.**

### Information on the insured person

 Mr  MsSurname First name Street Postcode, Place Insured no. Date of birth Correspondence language  G  F  I  EEntry 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  Suicide

Please enclose a copy of the official death certificate and in the case of accident or suicide the UVG notification.

### Employment relationship

First deployment   Registration from 1st day  After 3 monthsLast deployment   Subject to duty of maintenance  Voluntary

Please enclose a copy of the employment contract and a detailed salary statement.

### Partner

 Mr  MsSurname 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  MsSurname 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.

### Comments


Place, Date

Stamp and signature of employer

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