

**tellco**

Pension solutions. Banking. Real estate.

Tellco pkFLEX

Bahnhofstrasse 4

Postfach 713

CH-6431 Schwyz

t +41 58 442 61 00

pkFLEX@tellco.ch

tellco.ch

Notification of death

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.

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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