



Notification of death

If one of your employees dies, the eligible survivors will receive a pension and/or a lump-sum death benefit, depending on the pension plan.

1 Information about the contract and your deceased employee

Name of employer	
Contract number	
AHV number of your employee	
Last name	First name
Street, no.	ZIP code, town or city, country
Date of birth	Date of death
Cause of death <input type="radio"/> Accident <input type="radio"/> Sickness	
Marital status <input type="radio"/> single <input type="radio"/> married <input type="radio"/> divorced <input type="radio"/> widowed <input type="radio"/> registered partnership <input type="radio"/> dissolved partnership	

Was the deceased person unable to work for three months or longer prior to their death?

☐ No | ☐ Yes

2 Information about the survivors

Last name	First name
Street, no.	ZIP code, town or city, country
Phone number	
Private Email	
Relationship to deceased	

◀ Deadline

Please notify us of the death of your employee as soon as possible.

◀ **Eligible survivors** are the surviving spouse and the children of the deceased, partners as defined by the pension regulation, persons who were largely supported by the deceased, parents, siblings and other legal successors.

◀ **Inability to work** is when someone is not longer able to pursue the occupation they performed before falling ill, for a certain amount of time due to medical reasons. Inability to work, therefore, always relates to the employee's current occupation.

Do you have any questions about this form?

Benefits Group Life (phone +41 44 628 20 91) is available to answer your questions from 8 a.m. to 5 p.m. from Monday to Friday.

3 Comments

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4 Data protection

The applicant acknowledges that, in connection with benefit and claim settlement and for other purposes, Vita Collective Foundation (Vita) processes data which refers to natural persons (personal data). Vita's privacy policy contains more information on this processing. This privacy policy can be viewed vita.ch/data-protection or ordered by contacting Vita Collective Foundation, Data protection, P. O. Box, CH-8085 Zurich, datenschutz@zurich.ch.

Vita reserves the right to share personal data – where necessary also including health data – in this connection, as well as in cases mentioned in the privacy policy, with third parties.

The applicant is obliged to inform third parties, whose personal data they forward to Vita, about the processing of their personal data by Vita.

5 Confirmation of the employer

Place, Date	Signature
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Please send the completed and signed form by regular mail or email to:

Zurich Switzerland
Scanning BVG
P. O. Box
8085 Zurich
leistungenKL@zurich.ch

Once we have received your notification, we will contact the survivors and take the next appropriate steps.