#### 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.

Information about the contract and your deceased employee Name of Deadline employer Please notify us of the death Contract of your employee as soon number as possible. AHV number Eligible survivors are the of your employee surviving spouse and First the children of the deceased, name name partners as defined by the pension regulation, persons Street, ZIP code, town who were largely supported or city, country no. by the deceased, parents, siblings and other legal Date of Date of successors. birth death Cause of death Accident Sickness Martial status ○ single ○ married ○ divorced ○ widowed ○ registered partnership odissolved partnership Was the deceased person unable to work for three months Inability to work is when or longer prior to their death? someone is not longer able to pursue the occupation O No Yes they performed before falling ill, for a certain amount of time due to medical reasons. Inability to work, therefore, always relates to the em-Information about the survivors ployee's current occupation. First Last name name ZIP code, town Street, or city, country Phone number Private Email Relationship to deceased

# Do you have any questions about this form?

The Vita Invest customer service (phone 044 628 43 43) is available to answer your questions Monday through Friday from 8.00 a.m. to 12.00 noon and from 1.00 p.m. to 6.00 p.m.



## 3 Comments

### 4 Data protection

The applicant acknowledges that, in connection with benefit and claim settlement and for other purposes, Vita Invest Collective Foundation of Zurich Life Insurance Company Ltd (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 Invest 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:

Vita Invest Collective Foundation of Zurich Life Insurance Company Ltd P. O. Box 8085 Zurich

vitainvest@pfs.ch

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