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		Deadline
Contract number		Please notify us of the death of your employee as soon as possible.
AHV number of your employee		Eligible survivors are the
Last name	First name	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.
Street, no.	ZIP code, town or city, country	
Date of birth	Date of death	
Cause of death Accident Sickness		_
Martial status Single married divorced widowe dissolved partnership	d 🔿 registered partnership	_
Was the deceased person unable to work for three months or longer prior to their death?		Inability to work is when someone is not longer able
	k for three months	someone is not longer able
Was the deceased person unable to wor or longer prior to their death? No Yes	k for three months	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,
or longer prior to their death?	k for three months	someone is not longer able to pursue the occupation they performed before falling ill, for a certain amount of time due to medical reasons.
or longer prior to their death?	k for three months First name	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 em-
or longer prior to their death? No Yes Information about the survivors Last	First	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 em-
or longer prior to their death? No Yes Information about the survivors Last name Street,	First name ZIP code, town	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 em-
or longer prior to their death? No Yes Information about the survivors Last name Street, no.	First name ZIP code, town	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 em-

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.



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4 Data protection

The applicant acknowledges that, in connection with benefit and claim settlement and for other purposes, Vita BVG Collective Foundation of – Of @ #0 O (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 ita.ch/data-protection or ordered by contacting Vita BVG 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

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.