

## Notification of Death (Employer)

Company

Name First name

Street/no.

ZIP code/town

Date of birth SI number 756.

Marital status	single	married	divorced
	registered partnership	dissolved partnership	widowed

### Further information

Illness Accident/Occupational Illness

Date of death

Person to contact

Full address

Phone or e-mail

Was the deceased disabled (short-term or long-term) prior to his/her death? yes      no

### Comments

**Please enclose a copy of the official death certificate (Form 2.2.2) as well as any other available documents.**

This document is a translation. In the event of a dispute, the German version shall prevail.

Date

Employer's signature and stamp