

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