

Notification of illness/disability/death

Employer **Contract no.**

Insured person

Mr Ms

Surname First name

Address Postcode, Place

Insured no. Marital status

Number of children under 18 Number of children under 25 and in training

Event

unable to work since Death occurred on

Cause

Illness

Collective sick-day insurance exists with none

Accident

Obligatory accident insurance (UVG) exists with SUVA

Treating doctor

Surname First name

Address Postcode, Place

Notes

Place, Date Employer's signature

On behalf of the reinsurer, pension fund pro will request necessary documents for the further treatment of the payment case.

Please enclose medical reports confirming the incapacity for work or disability.