



Death notification

Employer

Deceased person

Name

First name

Date of birth

Civil status

single married divorced widowed
 registered partnership dissolved partnership

Social security number

756.

Street, no. Postcode

City

Date of death

Continued pay

until:

Number of months:

Cause of death

- Death from disease
- Death due to accident (please enclose a copy of the accident report UVG with address and reference number of the insurance company)
- Death due to suicide (please enclose a copy of the accident report UVG with address and reference number of the insurance company)

Contact person

Name

First name

Street, no.

Postcode, City

Contact address for queries during the day (e-mail or telephone number)

Please enclose death certificate

Place

Date

Signature of employer