

COPRE

REPORT OF A DEATH

Employer details

Employer name : Contract No. :
Contact person : PO Box :
Phone : Street, No. :
E-Mail : Postcode, Place :

Personal data of insured person

Name, First name : Date of birth :
OASI (AVS) No. : Gender : M F
Civil status from :
 single married divorced
 bound by a registered partnership partnership dissolved widowed
Co-habiting partner : Yes No
Date of decease :
Last place of residence prior to decease :
Level of employment prior to decease :

Details of surviving husband/wife or partner

Name, First name : Date of birth :
Street, No. : Postcode, Place :
Phone No. : E-Mail :
Gender : M F

Contact details of the person in charge of the succession (if not the surviving spouse or partner)

Name, First name :
Street, No. : Postcode, Place :
Phone No. : E-mail :
Relationship with the deceased insured person :

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Children

1. Name, First name: Date of birth : Gender : M F
Street, No. : Postcode, Place :

2. Name, First name: Date of birth : Gender : M F
Street, No. : Postcode, Place :

3. Name, First name: Date of birth : Gender : M F
Street, No. : Postcode, Place :

Detail on entitlement case

Date joined company : Date left company :

Cause of death : Illness Accident Suicide
Diagnosis :
Name of LAI insurer :
Accident No. (if available) :
Name of LAI insurer :
Accident No. (if available) :

Was there a disability prior to decease ? Yes*, since :
 No

Continued provision of salary as per Art. 338 Para. 2 OR (Swiss Code of Obligations) (Continued pay)
by company until :

Enclosures

- Official death certificate
- Complete copy of the family record book or family certificate (not required for single persons without children)
- Representative's authorization (if applicable)
- Copy of the last paycheck
- Children's confirmation of training (if applicable)
- *Daily allowance payments (if applicable)

Comments

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Place and date : Employer's stamp/signature :