

Notification of death

Application form for survivors' benefits

Contract partner: GEMINI Collective Foundation 1e 50/067.515

Company name: _____

Contact: _____ E-mail: _____

1. Personal details of the deceased

Surname and first name _____

Address _____

Post code / town _____

Date of birth _____

a) Civil status of the deceased at the time of death:

(Please tick where applicable)

Married or in a registered partnership. Date of marriage / registration: _____

Divorced or in a dissolved registered partnership

Widowed

Single

b) Was the deceased in a life partnership at the time of death? Yes No

Members who, at the time of death, were unmarried and in a life partnership:

- Residence certificates from the respective municipalities for the last 5 years for the deceased;
- Residence certificates from the respective municipalities for the last 5 years for the surviving partner;
- Extract from the registry office for the surviving partner;
- Extracts from the registry office for joint children.

c) Has the member ever been divorced or had a registered partnership ever been dissolved?

Yes

No

d) Name, date of birth, AHV number and address of all (including former) spouses and registered partners:

If one or more marriages or registered partnerships have lasted longer than 10 years and the divorce or dissolution decree in question includes an obligation to support the divorced spouse or former partner (pension or capital): please enclose copies of the following documents:

- Divorce decree including obligation to support divorced spouse or corresponding documents pertaining to the dissolution of a registered partnership;
- AHV pension directive and directive by the UVG insurer (accident insurance) if applicable.

e) Name, date of birth and AHV number of the children of the deceased:

For children between the age of 18 and 25 who are still in education or who are permanently incapable of gainful employment: please enclose confirmation of fulltime education by training company or school / university or the IV pension decision.

2. Health-related inability to work before death

Was the deceased incapable of work for health reasons more than 3 months before death?
(Please tick where applicable)

No

Yes at _____ % as of _____

Name and address of the last attending doctor:

If a medical certificate with diagnosis and medical history is available: please attach or provide the name and address of the insurance company to which it has been sent.

3. Information regarding the death

Date of death _____ Payment of salary until _____

Cause of death (please tick where applicable)

Infectious disease

Respiratory disease

Suicide

Cancer

Metabolic disease

Mental illness

Cardiovascular collapse

Traffic accident

AIDS

Gastrointestinal failure

Other accidents, homicide victim

Drug-related death

Other causes _____

Please enclose in all cases:

- Official death certificate;
- Extract from the registry office or copy of the member's complete family record;
- Address of the authority or notary responsible for the settlement of the estate;
- Certificate of inheritance.

4. Benefit payments

Name and address of bank _____

IBAN _____

Account holder (surname and first name) _____

5. Survivors' address

6. Comments

The reinsurance company for the GEMINI Collective Foundation 1e is Basler Leben AG.

The undersigned confirms with their signature that the information provided is correct and complete.

The undersigned authorises the Basler Leben AG and the GEMINI Collective Foundation 1e to process data relating to the member within the framework of the verification and processing of the insured event. In particular Basler Leben AG and GEMINI Collective Foundation 1e may:

- transmit data to involved third parties in Switzerland and abroad (e.g. co-insurers and reinsurers);
- take recourse against a liable third party (or its liability insurer) and provide them with the necessary data;
- obtain relevant information from medical service providers (doctors, chiropractors, psychologists, persons providing services on the instructions or on behalf of a doctor, laboratories, hospitals, facilities for partially inpatient or outpatient nursing care, nursing homes), social insurance carriers (AHV, IV, UVG and KVG insurance) and private insurers, employee benefits institutions, government offices, employers as well as witnesses and other persons providing information, and inspect their files.

The undersigned authorises the persons and institutions concerned to provide Basler Leben AG and GEMINI Collective Foundation 1e or their medical service, on request, with the data required to verify and process the insured event and releases them from their duty of confidentiality for this purpose.

This release shall also apply to the Basler Leben AG and GEMINI Collective Foundation 1e with respect to data which are passed on to third parties for the purpose of processing the insured event.

Place and date

Signature