

GEMINI Sammelstiftung  
c/o Avadis Vorsorge AG  
Zollstrasse 42  
Postfach  
8031 Zürich

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## Notification of death

### Personal details of the deceased

Employee benefits unit

Company

Fund type  Pension fund  Management scheme/supplementary fund

### Insured person

Surname

First name

OASI number

Insurance number

Gender

Date of birth

Marital status

Address

Postcode and city

Payment of the previous salary will continue until

The deceased received a child allowance  Yes  No

The deceased was subject to withholding tax  Yes  No

### Information regarding the death

Date of death

Cause of death  Illness  Accident or occupational illness

Responsible equalisation fund

Address

Postcode and city

### In the event of an accident

When was the accident insurance (UVG) notified?

Are there any claims vis-à-vis military insurance (MVG)?  Yes  No

Was the deceased unable to work immediately before their death?  Yes  No

Did this inability to work exceed three months (exemption from contributions)?  Yes  No

Please note the following page

## Continued provision of salary

Does an entitlement to continued provision of salary exist?  Yes  No

If yes, continued provision of salary until no later than

## Please enclose

Doctor's certificates/daily allowance statements if exemption from contributions has been applied for due to inability to work

Copies of registrations with UVG/MVG/social insurance institutions abroad, where applicable

## Contact (e.g. spouse)

Surname

First name

OASI number (756...)

Gender

Date of birth

Marital status

Address

Postcode, city, country

Phone number

E-mail address

Relationship with the deceased

Place/date

Company stamp and signature