



Notification of death

Contract no. /

Employer Name and address

Contact person

Email address

Telephone

Insured

Last name

First name

Insurance number

Street

Postcode and town

Date of birth

Marital status

Number of children below age 20

Number of children below age 25 who are in school/training

Death Date of death

Cause Sickness

Accident / occupational disease

Was the insured restricted in his/her capacity for work for more than 3 months before the death?

Yes No

Contact person

Last name

First name

Street

Postcode and town

Telephone

Relationship to the deceased

Email address

Comments

Please contact me by telephone

Person submitting notification on behalf of the employer

Date

Surname

First name

E-mail address

Please send to formsservice.bvg@axa.ch

or to:

AXA

Postfach 300

8401 Winterthur