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Swiss Federal Pension Fund
PUBLICA
Eigerstrasse 57
3007 Bern

Registration for survivor's benefits (death of an insured person)

Date of death

1. Personal details of the deceased

Last name	First name	Date of birth
Street and number	Post code and town	
Country	OASI number	Marital status

2. Spouse's or life partner's pension

○ Spouse: married to the deceased since: _____

○ Life partner (PUBLICA must have been notified of the life partnership during the lifetime of both partners)

Last name	First name	Date of birth
Street and number	Post code and town	
Country	OASI number	
Marital status	E-mail address	
Telephone (private)	Mobile	
Nationality 1	Nationality 2	

Lump-sum payout instead of annuity

If entitled to a pension: Does the beneficiary wish to receive the pension either wholly or partly as a one-off lump sum?

◯ Yes
◯ No

%	Part payout in CHF

3. Orphan's pension(s)

Last name	First name
Date of birth	OASI number
Address, if the child has their own domicile	
Address and name of guardian or deputy, where applicable (include copy of certificate of appointment)	

Last name	First name
Date of birth	OASI number
Address, if the child has their own domicile	
Address and name of guardian or deputy, where applicable (include copy of certificate of appointment)	

Last name	First name
Date of birth	OASI number
Address, if the child has their own domicile	
Address and name of guardian or deputy, where applicable (include copy of certificate of appointment)	

For children between the ages of 18 and 25 who are still in education or are at least 70% disabled under the terms of the Invalidity Insurance Act, the documents set out in point 8 must be submitted to PUBLICA.

4. Lump-sum death benefit

Complete only when there is no entitlement to a survivor's pension as per point 2.

4.1 Is a divorced spouse of the deceased still alive?

- ○ Yes
- ○ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

4.2 Did the deceased provide substantial financial support to one or more individuals up to the time of death?

- ○ Yes
- ○ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

Last name	First name	Date of birth
Street and number	Post code and town	Country

4.3 Was the deceased in a life partnership for at least five years leading up to their death?

- ○ Yes
- ○ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

4.4 Is the person who was in a life partnership with the deceased up until the latter's death required to provide financial support to one or more joint children?

- ○ Yes
- ○ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

4.5 Did the deceased have one or more children?

◯ Yes
◯ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

Last name	First name	Date of birth
Street and number	Post code and town	Country

4.6 Are the mother and/or father of the deceased still alive?

◯ Yes
◯ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

Last name	First name	Date of birth
Street and number	Post code and town	Country

4.7 Are any brothers or sisters of the deceased still alive? (not relevant for the FAOA pension plan)

◯ Yes
◯ No

Last name	First name	Date of birth
Street and number	Post code and town	Country

Last name	First name	Date of birth
Street and number	Post code and town	Country

5. Information on benefit calculation

Pension plan	Pension plan type

Until when will the salary be paid (including continued payment following death)?

Until

Was the deceased incapable of working prior to their death?

◯ Yes
◯ No

Was the disability insurance notified?

◯ Yes
◯ No

6. Other social insurances

Do the survivors have claims to:

old age and survivors' insurance under the OASIA (OASI)? Yes since: No ◯ ◯	invalidity insurance under the InvIA (IV)? Yes since: No ◯ ◯
accident insurance under the AIA (AI)? Yes since: No ◯ ◯	military insurance under the MilIA (MI)? Yes since: No ◯ ◯
another pillar 2 pension institution? Yes since: No ◯ ◯	foreign social insurances? Yes since: No ◯ ◯

If any of the questions have been answered "yes", the corresponding documentation/proof must be included.

7. Payment of benefits (all to the same account)

◯ Transfer to an account in Switzerland

Name of bank or post office / town	IBAN (required)
Account name	

◯ Transfer to an account abroad

Transfer in CHF or EUR	◯ CHF ◯ EUR (bank must be a SEPA participant)
Name of bank	
Country	Post code and town
Account number / IBAN	BIC/SWIFT
Additional payment information (optional)	Bank clearing number (optional)
Account name	

Notes:
- If you would like your benefits to be paid in CHF into an account abroad, any payment fees involved will be debited to your account.
- If you opt for a SEPA transfer (transfer of benefits in EUR to an account abroad), you will not be charged any of the fees that you would otherwise incur on transfers to an account abroad. The recipient bank must be a SEPA participant.
- PUBLICA may require a life certificate before paying benefits.

8. Enclosures (copy or electronic delivery is sufficient)

The following must be included in all cases:
- Official death certificate
- Certificate of residence of the beneficiary (no more than 3 months old)
- Documentation from other social insurances as per point 6, as necessary
- Additional page (last page)

When registering a claim for a spouse's pension (if the spouse is not named on the death certificate), include:
- Certificate of family status (no more than 3 months old)

When registering a claim for a life partner's pension, include:
- Confirmations of the marital status of both persons (no more than 3 months old)
- Proof of the commune of residence of both persons confirming that they shared a place of residence in the last five years before the death
- Proof of joint children
- Beneficiary's divorce decree, if applicable

For eligible children, include:
- Certificate of family status (no more than 3 months old)
- Current proof of ongoing education for children aged between 18 and 25
- Disability insurance ruling for children aged between 18 and 25 who are at least 70% disabled within the meaning of the InvIA
- Certificate of appointment of guardian or deputy, where applicable (as per point 3)

When registering a claim for a lump-sum death benefit, include:
- Certificate of inheritance

PUBLICA reserves the right to request further documentation.

9. Changes/items requiring (written) notification from the beneficiary to PUBLICA
- All changes of residence, payment or e-mail address (within 10 days)
- Changes of marital status
- End of education for children aged between 18 and 25 who are in receipt of an orphan's pension
- All changes relating to OASI, IV, AI, MI or foreign social insurances
- Life certificate (if requested by PUBLICA)

10. Data gathering and disclosure

a) The survivors or their representatives acknowledge that PUBLICA may obtain from the relevant individuals and bodies (specifically, medical services, doctors, public and private insurers, government offices) such data as are required in connection with any applicable survivors' benefits for the purposes of determining, changing or demanding reimbursement of benefits, preventing unauthorised drawing of benefits, and of recourse to liable third parties.

b) The survivors or their representatives acknowledge that PUBLICA may, on the basis of a written enquiry stating reasons, disclose to the relevant individuals and bodies such data as are required in connection with any applicable survivors' benefits for the purposes of determining, changing or demanding reimbursement of benefits, preventing unauthorised drawing of benefits, and of recourse to liable third parties.

11. Confirmation of completeness and correctness of information

The undersigned and the employer confirm that the information given in this form is complete and correct. Any additional expense incurred by PUBLICA as a result of incomplete or incorrect information will be invoiced. It should also be noted that any benefits wrongly drawn must be repaid, plus interest.

Employer

Person responsible	Telephone	E-mail address
Address		
Place and date	Stamp and signature	

Survivors or representatives

Place and date	Signature
Place and date	Signature
Place and date	Signature

12. Notes

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This additional page must be completed with the "Registration for survivor's benefits" form

Last name and first name of the deceased	OASI number

1. Did the deceased die as the result of an accident?

◯ Yes (please include a copy of the accident report to the accident or military insurance)

◯ No

If yes:

Was the deceased receiving a daily allowance from the AI or MI?			Was the deceased receiving a pension from the AI or MI?		
Yes ◯	since:	No ◯	Yes ◯	since:	No ◯
Name, address and reference number of the insurer responsible for the accident case					

Please supply copies of the ruling(s)

2. Is this a liability insurance case?

◯ Yes

◯ No

If yes:

Last name and first name of the person liable
Name, address and reference number of the liability insurance responsible

Have benefits already been received from the liability insurance or the person liable?

◯ Yes

◯ No

If yes:

Lump sum of CHF ◯	Paid out on:
Monthly pension of CHF ◯	Entitlement since:

Please include copies of any benefit agreements.

If no:
Are negotiations with the liability insurer or person liable ongoing?

◯ Yes

◯ No

3. Comments
