

3. Professional situation of the deceased person

- 3.1 Date and place of death _____
- 3.2 The death is is not presumed to be the consequence of an accident at work or professional disease.
The death is is not presumed to have been caused by a third party.
- 3.3 At the date of his/her death, the insured person has has not pursued a professional activity.
Until when did the insured person pursue his/her professional activity: _____ (dd/mm/yyyy).
- 3.4 Name and address of the last employer

- 3.5 Nature of the self-employed activity _____
- 3.6 At the date of his/her marriage the deceased was was not a recipient of a pension.
- 3.7 At the date of his/her death the deceased was was not a recipient of a pension.
- 3.8 The deceased has has not received a refund of contributions
- 3.9 If yes, competent institution for the payment of the pension or for the refund

4. Information concerning the survivor

- 4.1 Last Name _____ First Name _____ Middle Name _____
- 4.2 Date of birth (dd/mm/yyyy) ____/____/____
- 4.3 Address _____

- 4.4 Date of marriage with the deceased _____
- 4.5 Are there children? Yes No
- 4.6 Date of Separation Divorce Remarriage _____
- 4.7 In the case of remarriage, last name and first name/s of new spouse

- 4.8 Last name and first name/s of other family members that lived in the household of the deceased insured person:

5. Personal situation of the spouse/legal partner	
The person mentioned in case 4	
5.1	<input type="checkbox"/> is <input type="checkbox"/> is not pursuing a profession <input type="checkbox"/> employed <input type="checkbox"/> self-employed activity
If yes, amount of professional income	
	Annual _____ Monthly _____ Currency _____
5.2	<input type="checkbox"/> was <input type="checkbox"/> was not dependent on the deceased insured person
5.3	<input type="checkbox"/> is <input type="checkbox"/> is not receiving a pension
If yes, amount of pension	
	Annual _____ Monthly _____ Currency _____
Name of competent institution for the payment of the pension	

5.4	<input type="checkbox"/> is <input type="checkbox"/> is not Raising a child/ren.

6. Children						
	Last name	First name	Middle name	Date of birth (dd/mm/yyyy)	Date of marriage (dd/mm/yyyy)	Date of death (dd/mm/yyyy)
6.1	_____	_____	_____	_____	_____	_____
6.2	_____	_____	_____	_____	_____	_____
6.3	_____	_____	_____	_____	_____	_____
6.4	_____	_____	_____	_____	_____	_____
6.5	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> The child/ren mentioned under point/s _____ is/are students.						
Certificate/s <input type="checkbox"/> is/are <input type="checkbox"/> is/are not joined.						

7. Bank account details of the claimant	
7.1	Last name and first name of the holder
7.2	Name of the bank
7.3	Address of the bank
7.4	Code Bank BIC
7.5	Bank account IBAN and/or SWIFT code

8. Investigating institution

8.1 Date of introduction of the application (dd/mm/yyyy) _____

8.2 The above-mentioned data has been authenticated and we confirm that it is corroborated by original documents.

8.3 Certificate of insurance record PH/LU 7 in annex Detailed medical report PH/LU 8 in annex

8.4 Name of the institution _____

8.5 Address _____

E-mail _____

8.6 Stamp

8.7 Date (dd/mm/yyyy)

____/____/____

8.8 Signature of Authorized Officer