



**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  is  is not pursuing a profession  employed  self-employed activity

If yes, amount of professional income

Annual \_\_\_\_\_ Monthly \_\_\_\_\_ Currency \_\_\_\_\_

5.2  was  was not dependent on the deceased insured person5.3  is  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  is  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	_____	_____	_____	_____	_____	_____

 The child/ren mentioned under point/s \_\_\_\_\_ is/are students.Certificate/s  is/are  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