

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

Payment of benefits in the case of death

Personal details of the deceased

Employee benefits unit

Compa	ny				
Fund ty	ре	☐ Pension fund	☐ Management scheme/suppl	ementary fund	
Insured	d perso	on			
Surnan	ne				
First na	ame				
OASI number			Insurance number	Gender	
Date of birth			Marital status		
Address	s				
Postcoo	de and	city			
Pleas	e tic	k all circumstances that a	apply and enclose the requi	red documents.	
		used below refer to both malso refer to registered par	· ·	ns such as "spouse", "married" and	
\boxtimes	Man	ndatory documents required in all cases of death			
	\boxtimes	Official death certificate/	obtainable from the registry of	ffice at the place of death	
	\boxtimes	Evidence of registered m from the home town's re	• • • •	s)/civil registry extract/obtainable	
	The deceased leaves behind children under the age of 18				
	(under the age of 25 in the case of full-time education or disability)				
		OASI directive/notification	on regarding orphan's pension	n(s)/obtainable from OASI equalisation	
		Confirmation of full-time	education, where applicable (for children aged 18–25)/obtainable	

from the educational institution



	The	The deceased leaves behind a divorced spouse with a claim to support				
	(Divorce decree includes obligation to support divorced spouse, for further conditions, see Framework Regulations, paragraph 27)					
		Legally binding divorce de	cree including obligation to support divorced spouse/copy			
		OASI directive/notification equalisation fund	regarding pension for divorced spouse/obtainable from OASI			
	The	deceased was married at	the time of death			
		OASI directive/notification fund	regarding spouse's pension/obtainable from OASI equalisation			
	The deceased was not married at the time of death					
		Official list of heirs/obtains of residence	able from the local council office at the deceased's last place			
	The deceased leaves behind a life partner					
	(For	conditions, see Framework	Regulations, paragraph 26, and pension scheme)			
		Evidence of life partnershi	p (e.g. confirmation from registration office)			
		Copy of the submitted no (if provided for in the pens	tification regarding the life partner's pension ion scheme)			
		Copy of the submitted de	claration regarding the distribution of the death benefit capital			
	The deceased leaves behind other entitled beneficiaries					
	Different evidence is required depending on the specific circumstances:					
		e.g. support contract				
		Other				
	Claims vis-à-vis foreign social insurance institutions are being or have been asserted for the deceased:					
		Yes				
		No				
Appli	icant	or authorised person				
Surnar	ne					
First n	ame					
OASI number 756.		756.	Gender			
Date of	f birth		Marital status			
Addres	S					
Postco	de, city,	country				
Phone number			E-mail			
Relatio	nship w	ith the deceased				
Place/date			Applicant's signature			