

Protection in Occupational Disease



Application for Death Benefits - annex Practical guide



Please complete this application if the beneficiary has not been recognised as having an occupational disease.

Personal details of the deceased I Full name	beneficiary —	
Social Security Identification Number	Birth date year month day	Date of death year month day
- Details of the employer (Information concerning the deceased beneficial Name of the employer	iary)	
Social Security Identification Number Address	Country	
Locality	Postal Code	
Occupation	Work per from	to
Tasks performed	year	month day year month day
Job position		
Risks to which the beneficiary was subject and	d/or products with which he/she ha	as worked
Was the occupational disease contracted and Yes No	or aggravated while the benefician	ry was working for this employer?
If you ticked yes , please go to <u>table 5</u> and follo	owing ones.	
Did the beneficiary have any other occupation		Yes No No Nal Activity.

Name of the employer		
Social Security Identification Number Address	Country	
Locality	Postal Code	
Occupation		Work period from to
asks performed		year monen day year monen day
ob position		
Risks to which the beneficiary was subjec	t and/or products with whic	h he/she has worked
f you ticked yes , please go to <u>table 5</u> and	following ones.	
Details of the employer where	the occupational di	isease was aggravated
Details of the employer where Information concerning the deceased ber	the occupational di	sease was aggravated
Details of the employer where Information concerning the deceased ber Name of the employer Social Security Identification Number	the occupational di	isease was aggravated
Details of the employer where Information concerning the deceased ber Name of the employer Social Security Identification Number Address	e the occupational di neficiary)	isease was aggravated
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Details of the employer where Information concerning the deceased ber Name of the employer Social Security Identification Number Address Locality Occupation	e the occupational di reficiary) Country	Work period
Details of the employer where Information concerning the deceased ber Name of the employer Social Security Identification Number Address Locality Occupation Tasks performed	e the occupational di reficiary) Country	Work period from to

If you ticked yes , please	complete the following	table:			
Nature of the pension		Entitlemen	: date	Paying authority	
Accident at work with	% devaluation	-	-		
Foreign Social Security System	1	-	-		
Civil service		-	-		
Another		-	-		
Are there any ongoing le	gal proceedings due to	an accident a	t work or occupa	tional disease	? Yes No
f you ticked yes , pleace	complete the following	table:			
District	Court/Public Prose	cution Service	Court/Chamber		Case no.
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