

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 bFull name	eneficiary —————	
Social Security Identification Number	Birth date	Date of death
Details of the employer (Information concerning the deceased beneficial Name of the employer	ary)	
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	or products with which he/she ha	as worked
Was the occupational disease contracted and/	or aggravated while the beneficia	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 If you ticked yes , please complete also form G		Yes No nal Activity.

Name of the employer		
Social Security Identification Number Address	Country	
ocality	Postal Code	
Occupation		Work period from to
asks performed		,
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 d	isease was aggravated ————————————————————————————————————
Details of the employer where Information concerning the deceased ber	the occupational d	isease was aggravated
Details of the employer where Information concerning the deceased ber Name of the employer Social Security Identification Number	the occupational d	isease was aggravated
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Vas he/she a pensioner u	rider ariotrier social pro	rection syste	2111:	Yes No	
f you ticked yes , please co	omplete the following to	able:			
Nature of the pension		Entitlemen	date	Pa	ying authority
Accident at work with	% devaluation	-	-		
Foreign Social Security System		-	-		
Civil service		-	-		
Another		-	-		
are there any ongoing leg	al proceedings due to a	n accident a	t work or (occupational disease	? Yes No
f you ticked yes , pleace c	omplete the following to	abie:			
District	Court/Public Prosec	ution Service	Court/Cha	mber	Case no.
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