

DATE TO BE SUPPLIED:

CHECKLIST DEATH DAMAGE	
I. GENERAL	
DECEASED	PARTNER
Name:	Name:
Date of birth:	Date of birth:
Date of death:	
Address:	Address:
Zip code:	Zip code:
Residence:	Residence:
Profession:	Profession:
Sex:	Sex:
Marital status: Married / unmarried / single / living together (*)	
CHILDREN	
Name child 1:	
Date of birth child 1:	
Name child 2:	
Date of birth child 2:	
Name child 3:	
Date of birth child 3:	
Name child 4:	
Date of birth child 4:	

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II. DATE OF INCOME					
DECEASED	check	PARTNER	check	PARTNER	check
SITUATION BEFORE / WITHOUT INCIDENCE		SITUATION BEFORE / WITHOUT INCIDENCE		SITUATION AFTER INCIDENCE	
<p><u>a. In case of salaried employment:</u> Pay slips from one year before incident until the incident Was there a collective labor agreement, and if so which one? Was there a pension accrual? If so, than the pension letter from the incident year Annual statement from one year before incident until incident year</p> <p><u>b. In case of entrepreneurship:</u> annual statements from two years before the incident until the incident</p> <p><u>c. Tax information</u> Income tax returns from two years before incident until the incident year</p>		<p><u>a. In case of salaried employment:</u> Pay slips from one year before incident until the incident Was there a collective labor agreement, and if so which one? Was there a pension accrual? If so, than the pension letter from the incident year Annual statement from one year before incident until incident year</p> <p><u>b. In case of entrepreneurship:</u> annual statements from two years before the incident until the incident</p> <p><u>c. Tax information</u> Income tax returns from two years before incident until the incident year</p>		<p><u>a. In case of salaried employment:</u> Pays slips from incident until the last received (possibly more employers) Is there a collective labor agreement, and if so which one? Is there a pension accrual? If so, than the last received pension letter Annual statement from year of incident until now Any statement of changes in the working hours</p> <p><u>b. In case of entrepreneurship:</u> annual statements from incident until now</p> <p><u>c. Tax information</u> Income tax returns from year of incident until now</p>	

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II. DATE OF INCOME					
DECEASED SITUATION BEFORE / WITHOUT INCIDENCE	check	PARTNER SITUATION BEFORE / WITHOUT INCIDENCE	check	PARTNER SITUATION AFTER INCIDENCE	check
<u>d. Benefit details</u> Was there an income like WW (unemployment law), ZW (sickness law), WIA (disability benefit) or others? If so, than the letters where the benefit has been awarded.		<u>d. Benefit details</u> Was there an income like WW (unemployment law), ZW (sickness law), WIA (disability benefit) or others? If so, than the letters where the benefit has been awarded.		<u>d. Benefit details</u> Is there an income like WW (unemployment law), ZW (sickness law), WIA (disability benefit) or others? If so, than the letters where the benefit has been awarded. Is there income of ANW? If so, than the letter where the benefit had been awarded. Will a survivor's pension be received after death? If so, than submit the award letter	

III. OWENER-OCCUPIED HOME DATA (in case of a rental home, you can skip this part)	check
Amount of mortgage debt: € Kind of mortgage: interest-only / annuity / linear* Interest rate: Effective date and term: If there is a pledged insurance on the mortgage or a savings component, then submit the policy/agreements In case of annuity / linear: submit details regarding repayment	
IV. OTHER INCOME DATA	check
Decisions of any allowances (healthcare allowance, rent allowance, child budget and/or childcare allowance) Do any children receive a (one-off) payment orphan's pension? Please submit the award letters If there are other income components (e.g. annuity), please submit the documents (policies, insurance sheets)	

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V. LOST EXPENSES (WU)	check
In the situation after death, are there lost expenses, such as reduced mortgage interest, loss of premiums (life) insurance(s), expensive hobby, etc.? If so, which expenses and for what amount per year and duration?	
VI. ADDITIONAL EXPENSES (BU)	check
Are there additional expenses in the situation after death, such as costs of childcare/babysitting, household needs, self-employment, etc.)? If so, which expenses and for what amount per year and duration?	
VII. FAMILY SCHEDULE	
On the next page you'll see a empty family schedule. Here you can show how the family schedule was before and after death. You can use abbreviations like: MUM (mother), DAD (father), DC (daycare) SCH (school) etcetera.	

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FAMILY SCHEDULE BEFORE DEATH																					
	mon			tue			wed			thu			fri			sat			sun		
	morning	mid	even.	morning	mid	even.	morning	mid	even.	morning	mid	even.	morning	mid	even.	morning	mid	even.	morning	mid	even.
work																					
sports/hobby parent(s)																					
(day)care child(re)n																					
sports/hobby child(ren)																					

FAMILY SCHEDULE AFTER DEATH																					
	mon			tue			wed			thu			fri			sat			sun		
	morning	mid	even.	morning	mid	even.	morning	morning	mid	even.	morning	mid	even.	morning	morning	mid	even.	morning	mid	even.	morning
work																					
sports/hobby parent																					
(day)care child(re)n																					
sports/hobby child(ren)																					

Explanation of abbreviations:

