

Application for family allowances for employees

Please note that we can only process application forms that have been completed in full and include the documents listed in section 7.

1. Applicant's personal details

| | | | |
|---|---------------|---|--------------------|
| Surname | | First name | |
| Insurance number (13 digits) 756. | Date of birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Nationality |
| Current marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership | | | since (DD.MM.YYYY) |
| Residence permit: <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> L <input type="checkbox"/> N | | Are you subject to withholding tax? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Postcode/town | | Street/no. | |
| From which date are you requesting the allowance? | | Available at (phone, e-mail, etc.) | |
| Are you drawing IV, ALV, UVG, KTG or MSE* benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, which benefits from which agency? | |

*IV = disability insurance, ALV = unemployment insurance, UVG = daily accident benefits, KTG = daily sickness benefits, MSE = maternity allowance

2. To be completed by the employer

| | | | |
|---|----------------|--|--|
| Name | | Reference number | |
| Address | | Telephone | |
| Contact | | Work location/canton | |
| This is <input type="checkbox"/> the main office <input type="checkbox"/> a branch <input type="checkbox"/> the field sales force | Employed since | Does the employee have an annual income subject to AHV of at least CHF 7'350.- (CHF 612.50 per month)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Employer's account details for the one-off payment of the childbirth allowance

| | |
|--|---------------------|
| IBAN (21 digits) | |
| <input type="text" value="C"/> <input type="text" value="H"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| Place and date | Stamp and signature |

If you also have an additional employer:

| | |
|--|---------|
| Name | Address |
| Telephone | Contact |
| Work location/canton | |
| If you have multiple employers, which one pays the highest salary? | |

3. Spouse or life partner (in the same household)

| | | | |
|--|---|---|----------------------|
| Surname | First name | | |
| Insurance number (13 digits) 756. | Date of birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Nationality |
| Current marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership | | | since (DD.MM.YYYY) |
| Does he/she draw IV, ALV, UVG, KTG or MSE benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, which benefits from which agency? | |
| Is he/she employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | As a salaried employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, does he/she earn an annual income subject to AHV of at least CHF 7'350.-? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer and address | | | Work location/canton |
| Is he/she self-employed <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, does he/she earn an annual income subject to AHV of at least CHF 7'350.-? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| In which canton is the business based? | | | |
| Who earns the higher annual income? <input type="checkbox"/> applicant (point 1) <input type="checkbox"/> partner (point 3) | | | |

4. Other parent (living in a separate household)

| | | | |
|--|---------------|---|---|
| Surname | | First name | |
| Insurance number (13 digits) 756. | Date of birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Nationality |
| Current marital status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership | | | since (DD.MM.YYYY) |
| Street/no. | | Postcode/town | |
| Available at (phone, e-mail, etc.) | | Does he/she draw IV, ALV, UVG, KTG or MSE benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, which benefits from which agency? | | Is he/she employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | As a salaried employee? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer and address | | Work location/canton | |
| Does he/she have an annual income subject to AHV of at least CHF 7'350.-? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, which compensation fund is he/she registered with? | |

5. Children up to age 25

If you would like to apply for more than five children, please complete a separate application form.

| | Surname/first name | M/F | Date of birth | Your relationship to the child (B/A/SC/F/S/G*) | Lives in your household (yes/no**) | Dis-abled (yes) |
|---|--------------------|-----|---------------|---|---------------------------------------|--------------------------|
| 1 | | | | | | <input type="checkbox"/> |
| 2 | | | | | | <input type="checkbox"/> |
| 3 | | | | | | <input type="checkbox"/> |
| 4 | | | | | | <input type="checkbox"/> |
| 5 | | | | | | <input type="checkbox"/> |

* B = biological child, A = adopted child, SC = stepchild, F = foster child, S = sibling, G = grandchild

** No = If the child does not live in your household, please complete the address in the following table as well.

Additional information for children in education and/or if the child does not live in your household

| | Start of education | End of education | Type of education | School/ employer | Annual income* | Home address of the child |
|---|--------------------|------------------|-------------------|------------------|----------------|---------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

* Annual income = gross salary, investment income, daily allowances, pensions (attach confirmation)

6. Additional information

Who has custody?

Who previously drew the allowance?

Until what date?

7. The following documents must be attached to the application (copies)

- **Swiss applicants:**

Birth certificates for children, family register; document on which both parents are listed

- **For children over age 16:**

Current training certificate (training contract, enrolment confirmation, internship contract, etc.)

- **Foreign citizens:**

Marriage certificate, residence permits for the parents and children, birth certificates for the children

- **Divorced applicants:**

Extract from the divorce or separation ruling regarding custody

- **Single parents:**

Confirmation of custody of the children

- **Difference allowances:**

Current decision of the original beneficiary

- **Children resident abroad:**

Please enter the home address of the child/children in section 6. We will subsequently clarify the entitlement to family allowances in the child's country of residence.

We can only consider your application for family allowances once we have received the documents from the foreign

8. Obligations and signature

I confirm that I have completed the application truthfully. Providing false information or concealing facts that result in the payment of an unjustified allowance shall result in criminal charges. Only one allowance may be drawn for each child. Unjustified benefits must be repaid. I undertake to report all changes that may affect the family allowances (e.g. change in marital status, change in the children's place of residence, interruption of apprenticeship or education, etc.) to the family compensation office immediately.

Place and date

Signature

9. Comments