

Application for employees for the receipt of family allowances

Due to legal dispositions of data protection we recommend to complete this form as follows: 1. employer, 2. employee. If the employee does not accept the viewing of his/her personal data by the employer he/she can send the completed form directly to the Family Allowance Office.

To be completed by the employer

1. General informations

Name of the employer _____ Membership number _____
Employee:
Surname _____ First name _____ m/f _____ Insurance no. _____ Date of birth _____ Nationality _____
Entrance _____ Start of entitlement _____ Canton of employment _____ extent of employment _____ Income over CHF 630/
month¹ yes no

Date, Stamp, Signature of employer

The payment of child allowances before receipt of corresponding authorization is at the employer's risk.

To be completed by the employee

2. Further personal informations

Street / no. _____ Post code/ Town/City _____ Tel. _____ E-mail business _____
Marital status single widowed separated
 married divorced since _____
Do you have other employers? no yes
If there are additional employers, allowances must be obtained from the workplace where the income is highest.
Other employer; name, address _____ The income from the other employer is higher than
the income from the employer above. yes no

Are you receiving daily cash benefits of any insurance (invalidity, unemployment, accident, maternity etc.)?

no yes: Type of benefit _____ since _____ Payment office _____

3. Spouse, civil partner or life companion in the same household

Surname _____ First name _____ Date of birth _____ Insurance no. _____ Marital status _____
 not gainfully employed¹ reason: housewife/house husband unemployed
 child-raising leave invalid
Is the person mentioned above receiving daily cash benefits of any insurance (invalidity, unemployment, accident, maternity etc.)?
 no yes: Type of benefit _____ since _____ Payment office _____
 Employee¹: Employer (name, address) _____ Canton/country of employment _____ extent of employment _____
 self-employed¹: Canton/country of employment _____ Income over CHF 7'560/year: yes no
The income (employed or self-employed) is higher / lower than the income of the applicant. (This information is only required if both persons have parental care and protection of the child and neither or both parents work in the child's canton of residence.)

¹ Persons whose income in Switzerland is less than CHF 630 per month (or CHF 7'560 per year) do not have any claim of family allowances due to gainful employment. In this case you have to fill in "not gainfully employed" under point 3 resp. 5.

4. Child(ren) for whom the allowances are requested

Surname/First name	Date of birth	m/f	Address and place of residence (compulsory)	Relationship* 1 2 3 4
1.				
2.				
3.				
4.				

*Applicant's relationship to the child:

1 = own or adopted child; 2 = stepchild; 3 = foster child; 4 = sibling or grandchild

5. Personal details of the other parent (if not identical with the person under point 3)

applies for all children under p. 4 only applies for children listed in lines to under p. 4

Surname/First name

Date of birth

Marital status

Address

Tel.

Employee² Employer (name, address) Canton/country of employment extent of employment

self-employed²: Canton/country of employment Income over CHF 7'560/year: yes no

not gainfully employed reason:

6. Personal details of the person with whom the child lives (if not identical with the person listed under point 2 or 5)

applies for all children under p. 4 only applies for children listed in lines to under p. 4

Foster parent Child's custodian Grandparent

Sibling Other:

Surname/First name

Tel.

7. Additional questions

Have family allowances already been received in the past? yes no

If yes, by whom? until when?

applies for all children under p. 4 only applies for children listed in lines to under p. 4

8. Documents to be enclosed:

Resident abroad: Family booklet (parents and children) or birth certificates for the children and marriage certificate (copies), recent confirmation from the responsible office for child allowance in the country of residence

Unmarried persons: paternity acknowledgement, certificate of parental care

Divorced or separated persons: Excerpt from the divorce or separation decree concerning right of custody

For children 16 years and older: Recent confirmation of education/training (including amount of income), doctor's certificate if unable to work

Certified translations are required of all documents not written in one of the official languages of Switzerland or in English. – In certain cases the Family Allowance Office may require additional documents.

The signatory confirms that he/she

- has filled out the application truthfully,
- has taken note of the fact that only one allowance can be received for each child,
- undertakes to immediately inform the employer/Family Allowance Office of any changes that could influence allowance eligibility,
- will repay any wrongly-claimed allowances,
- has noted the fact that he/she can make him-/herself liable to prosecution by entering false information or failing to disclose relevant facts.

Date, Signature of Claimant

Only applications that have been completed in full with all the relevant documents can be processed.

² See footnote 1 (page 1)