FAMILIENAUSGLEICHSKASSE ZÜRCHER ARBEITGEBER

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Registration of Family Allowance for Employees

This is an application for ☐ family allowance ☐ birth or adoption allowance ☐ differential allowance

1 Information on the applicant

Name ....

First name ....

Social Insurance number (NAVS13) ....

Date of birth ....

Gender ☐ Male ☐ Female

Nationality ....

Application for asylum ☐ YES ☐ NO

Civil status
☐ single ☐ married ☐ separated ☐ divorced ☐ widowed
☐ registered partnership ☐ dissolved partnership

Since (date) ....

Address: street / no. .... Postal code / city .... Canton ....

Availability (phone, e-mail, etc.) ....

From when do you apply to receive an allowance (date) ?
....

Recipient of IV, ALV, UVG, KTG, maternity benefits? ★
If YES what benefits from which agency?

☐ NO
☐ YES, since (date) ....

2 Information by the employer on himself and on the applicant

Name ....

Account number ....

Address: street / no. .... Postal code / city .... Canton ....

Availability (phone number, e-mail etc) ....

Employed since (date) .... (to) ....

Place of work (canton) ....

Estimated annual salary

CHF ....

If working for another company at the same time: Name, address, phone no
....

This income is ☐ in excess of the one
☐ lower than mentioned above

3 Information on the other parent

▶ *In case of remarriage(s) or if you are no longer together with the child's parent, fill in the extra form* ◀

Name ....

First name ....

Social Insurance number (NAVS13) ....

Date of birth ....

Gender ☐ Male ☐ Female

Nationality ....

Civil status
☐ single ☐ married ☐ separated ☐ divorced ☐ widowed
☐ registered partnership ☐ dissolved partnership

Since (date) ....

Address: street/no. .... Postal code/city .... Canton ....

Availability (phone, e-mail, etc.) ....

Recipient of IV, ALV, UVG, KTG ★, maternity benefits?
If YES what benefits from which agency?
....

☐ NO
☐ YES, since (date):

Is there an employment relationship with an annual income **of at least CHF 7'050** ?
If YES: Name, address, phone number of the employer
....

☐ NO
☐ YES, since: ....

Canton of work

Who is probably going to earn more income?
☐ Applicant (Figure 1)
☐ Other parent (Figure 3)

Are you covered by a compensation fund as self-employed (SE) or non-employed (NE)?   ☐ SE   ☐ NE

If YES: by which compensation fund? ....

★ IV = Disability insurance ● ALV = Unemployment insurance ● UVG = Accident insurance ● KTG = Health insurance (per diem indemnity)

4   Child(ren) up to 25 years of age (for whom a claim is being asserted)

▶ *If you need to register more than 5 children, please fill in figure 1 (line 1) and figure 4 on an extra copy of the same form* ◀

a)   General details

	Name	First name(s)	Date of birth	m / f	Lives in your household **		Relationship between child and applicant						Inca- pacity to work
					YES	NO	L*	A*	S*	P*	G*	E*	
1					☐	☐	☐	☐	☐	☐	☐	☐	☐
2					☐	☐	☐	☐	☐	☐	☐	☐	☐
3					☐	☐	☐	☐	☐	☐	☐	☐	☐
4					☐	☐	☐	☐	☐	☐	☐	☐	☐
5					☐	☐	☐	☐	☐	☐	☐	☐	☐

* L = Biological child ● A = Adopted child ● S = Stepchild ● P = Foster child ● G = Siblings ● E = Grandchild
** NO = Child does not live in same household as applicant: Please add address to the following chart

b)   Additional information for children in training and/or provided that the child does not live in his/her own household

	Education				Annual income	Place of residence of child (street/no. ● postal code/city ● country)
	Commencmt	End	Type	Training position		
1						
2						
3						
4						
5						

5   Further information

Does (or did) another person draw an allowance for one or several of the children mentioned under figure 4?   ☐ YES   ☐ NO

If YES, during which time frame?   Who and from which compensation fund?

since.................................... to   ....

6   The following documents must accompany the registration (copies)

Swiss citizens:	Birth certificates of the children and marriage certificate
EU/EFTA citizens with children residing in EU / EFTA member states:	If one parent is employed in the children's country of residence, we require an up-to-date confirmation of services rendered from the foreign authorities or a completed **E411 form**
Foreign nationals:	Parents: Foreigner's ID (front and reverse side) and marriage certificate
	Children: Foreigner's ID (front and reverse side) and birth certificate
Single persons:	Children's birth certificates, acknowledgement of paternity, approved agreement regarding joint custody
Divorced or separated persons:	Excerpt from the divorce decree or decree of judicial separation regarding custody and care
For children over 16 years of age:	Up-to-date authentication of higher education ● Doctor's certificate for occupational disability
If drawing other benefits:	Authentication of possible alternative care providers (pursuant to figures 1+3)

Documents that are not in one of Switzerland's official languages or in English must be translated by an acknowledged translator.

7   Important note   ●   Confirmation of registration

Important note

▶   Only those registrations signed and completely filled in and accompanied by all documents/enclosures can be processed.
▶   Employers act at their own risk if paying family allowance before receipt of corresponding allowance decree.

The undersigned individuals confirm:

▶   that they completed the application truthfully;
▶   that **only one** (full) allowance may be drawn per child;
▶   that they are aware that they may render themselves liable to prosecution through false statements and concealment of facts;
▶   that they are aware that benefits drawn unlawfully must be reimbursed;
▶   that with this registration they commit themselves to immediately notifying their employer, or the compensation fund, respectively, of any changes in family background that might influence the right to child allowance.

Date, signature of applicant

....

Date, stamp, signature of employer

....

F Z A