



Employee application for family allowances

(This form is valid only for claims dating from 1 January 2009 onwards)

- ☐ intercantional differential allowances
☐ birth – or adoption allowances

1 Applicant

Last name		First name		13-digit AHV no.
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality		Applicant for asylum? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (date)
Address: Street/no.		Postcode/city	Canton	Contactable at (tel., e-mail, etc.)
Date from which allowance will be claimed	Collecting any IV, ALV, UVG, KTG, MSE benefits?*		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Which benefit, from which agency?				

2 Employer

Company name		Account number
Employed from/until	Place of work (canton)	Expected annual income for AHV purposes
Address: Street/no.		Postcode/town or city
		Contactable at (tel., e-mail, etc.)
Other employers / Name, address		Is the annual income in CHF higher as the income mentioned by the employer in point 2? <input type="checkbox"/> Yes <input type="checkbox"/> No

3 Other parent (birth father/mother)

If the other parent's details are not the same as those of the current partner, please also complete the supplementary information sheet.

Last name		First name		13-digit AHV no.
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality		
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 (date)
Address: Street/no.		Postcode/town or city		Contactable at (tel., e-mail, etc.)
Collecting any IV, ALV, UVG, KTG, MSE benefits?* <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes: Which benefit, from which agency?				
In employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Name, address and telephone no. of employer			Place of work (canton)	Who is expected to earn more? Applicant <input type="checkbox"/> Other parent <input type="checkbox"/>
yearly income over CHF 7,050? <input type="checkbox"/> Yes <input type="checkbox"/> No Since (date)? If not, please see information on the back of this page				
Registered with a compensation fund office as self-employed or non-employed? If yes: With which compensation fund office?			<input type="checkbox"/> self-employed person <input type="checkbox"/> non-employed person	

*Abbreviations are explained in the supplementary information sheet to the "Application for family allowances" form

4 Child(ren) aged up to 25 years (max.)

If you wish to register more than 4 children, please complete an additional form.

General information

Child	Last name	First name(s)	Date of birth	m/f	Living in your household		Relationship of applicant to child							Unfit for work Yes
					Y	N**	B*	A*	T*	F*	S*	G*		
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**No = if the child does not live in the applicant's household, please provide their address in the table below

Additional information for children in education and/or if child does not live in applicant's own household

Child			Education		Annual	Residential address of child
	Start	End	category	Educational establishment	income	(street/no., postcode/city, country)
1						
2						
3						
4						

5 Further information for children with divorced, separated parents, stepchildren or illegitimate children:

Who is the child's primary carer?

☐ the mother ☐ the father ☐ joint custody

6 The following documents must be enclosed with the application form

In general:	Documents not written in one of Switzerland's official languages must be translated by a certified translator. If the income of the other parent is lower than 7'050 CHF the confirmation of the employer has to be attached.
Persons resident in Switzerland:	Copy of family registry (parents and births) or marriage certificate and children's birth certificates
Persons resident abroad:	Additional copy of parents' and children's passports
Single persons:	Children's birth certificates, acknowledgement of paternity, if available: custody agreement
Divorced or separated persons:	Except from divorce decree/separation agreement regarding custody and care arrangements
For children aged over 16:	Current confirmation of enrolment at school/university incl. details of income/doctor's certificate in case of inability to work

7 Important information/confirmation of registration

Important information

- We can only process fully completed forms with all the relevant documentation attached.
- Employers paying child allowances before receipt of approval do so at their own risk.

The signatories confirm that they

- have provided accurate information on the application form;
- are aware that only one full allowance may be drawn for each child;
- are aware that they may be liable to prosecution if they provide inaccurate information or fail to provide all relevant facts;
- must repay any benefits obtained wrongfully;
- undertake to report all changes in family circumstances which could influence their entitlement to allowances to their employer or to the compensation fund office without delay.

Date, signature of applicant

Date, stamp, signature of employer