

## Application for family allowances for a salaried employee (paid by the employer)

\_\_\_\_\_  
Affiliate number

\_\_\_\_\_  
Employer  
\_\_\_\_\_  
Company name

### To be filled in by the claimant

**If the children are born of several unions, please fill in a questionnaire for each union.**

\_\_\_\_\_  
Surname / First name  Ms.  Mr.

Private address

\_\_\_\_\_  
Street / No.      \_\_\_\_\_  
Post code / Place      \_\_\_\_\_  
Phone

\_\_\_\_\_  
NSS no. > replaces AVS no.      \_\_\_\_\_  
Date of birth      \_\_\_\_\_  
Nationality  
> if you are a non-EU national, please enclose a copy of your residence permit

#### Civil status

Single       Married       Registered partnership  
 Separated       Divorced       Widower / widow      \_\_\_\_\_  
As of (date)

For divorced or single parents : who has parental authority ?

Mother       Father       Shared

Is your salary higher than that of the child's other parent ?  yes  no  
> in certain cases, the person with the higher salary receives the allowance

Do you have a second employer ?  yes  no

If yes, name of employer

\_\_\_\_\_  
Company name      \_\_\_\_\_  
Street / No.      \_\_\_\_\_  
Post code / Place

\_\_\_\_\_  
Employment rate (%)      \_\_\_\_\_  
Canton / country of work      \_\_\_\_\_  
As of (date)

Does your second employment pay you  
a higher salary than your first ?  yes  no

**Information regarding the other parent**

Spouse   
  Former spouse   
  Common-law spouse   
  Registered partner   
  \_\_\_\_\_ Other

\_\_\_\_\_  
 Surname / First name   
  Ms.   
  Mr.

Private address

\_\_\_\_\_  
 Street / No.   
 \_\_\_\_\_  
 Post code / Place

\_\_\_\_\_  
 NSS no. > if known   
 \_\_\_\_\_  
 Date of birth   
 \_\_\_\_\_  
 Nationality  
 > if you are a non-EU national, please enclose a copy of your residence permit

Civil status

Single   
  Married   
  Registered partnership  
 Separated   
 Divorced   
 Widower / widow   
 \_\_\_\_\_  
 As of (date)

Employment status

Employee   
 Without gainful employment   
 Unemployed  
 Self-employed   
 Self-employed farmer  
 \_\_\_\_\_  
 As of (date)   
 \_\_\_\_\_  
 Employment rate (%)   
 \_\_\_\_\_  
 Canton / country of work

If you have an employee's salary or equivalent (daily sickness / disablement benefits, paid holidays, a progressive pre-retirement pension, remunerated vocational training):

Employer's name

\_\_\_\_\_  
 Company name   
 \_\_\_\_\_  
 Street / No.   
 \_\_\_\_\_  
 Post Code / Place

Do you have a second employer?   
 yes   
 no

If yes, name of employer

\_\_\_\_\_  
 Company name   
 \_\_\_\_\_  
 Street / No.   
 \_\_\_\_\_  
 Post code / Place  
 \_\_\_\_\_  
 Employment rate (%)   
 \_\_\_\_\_  
 Canton / country of work   
 \_\_\_\_\_  
 As of (date)

**Children for whom the allowance is requested**

Surname and first name	Date of birth	Each child's address <small>&gt; if different from that of the claimant</small>	Child's income in his / her own right <small>&gt; salary, annuities, daily benefits, income from assets</small>	Is the child ?				
				from the marriage	from a former marriage	out of wedlock	a child of the spouse	a foster or an adopted child
<b>Child's NSS no.</b> <small>&gt; see the Swiss health insurance card</small>	<b>Sex</b>							
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you are claiming the birth allowance**

Was the mother domiciled in Switzerland during the 9-month period prior to the birth?

yes  no

**The allowance is requested as of (date):**

Reasons

The undersigned certifies that he / she has replied accurately and fully to all the above questions. He / she recognises the compensation fund's right to claim the refund of unduly paid allowances.

Place and date

Signature

## To be filled in by the employer

The employer certifies that he / she has employed him / her

\_\_\_\_\_ from (date) \_\_\_\_\_ to > if applicable

\_\_\_\_\_ Canton / country of work      \_\_\_\_\_ Employment rate (%)      \_\_\_\_\_ Monthly salary

Type of permit > if a foreigner

- A (seasonal)     B (residence)     C (permanent residence)     F (provisional)  
 G (border resident)     N (asylum seeker)     L (short stay)

\_\_\_\_\_ Place and date      \_\_\_\_\_ Stamp and signature

**Applications will not be taken into consideration unless accompanied by the supporting documents requested. In some cases, the compensation fund may request additional information and / or documents.**

## Supporting documents to be enclosed (photocopies)

The following must be included with each application for family allowances :

### In all cases :

- family record book or full family certificate ; failing this, the marriage certificate and the children's birth certificates ;
- for foreigners (except permit C holders) : the record books for foreigners or a recent certificate of the place of residence **for the whole family** issued by the resident registration office (contrôle des habitants) ;
- for children domiciled outside Switzerland, an attestation of non-payment of family allowance in the country of domicile.

### In the case of unemployment :

- copy of the most recent statement of unemployment benefits.

### In the case of separation or divorce :

- copy of judiciary measures indicating the date and to whom parental authority and custody of the children was granted.

### For the children of unmarried parents :

- certificate of recognition, if applicable ;
- parental authority agreement, if applicable.

### For children from 16 to 20 years of age unable to work due to an illness, accident or disability :

- certificate attesting to the child's incapacity to work or a disability insurance (AI) decision.

### For children up to 25 years of age, students or apprentices :

- certificate from the education establishment indicating the period of studies ;
- apprenticeship contract ;
- work experience certificate indicating the monthly salary and the period of work.