

Application for family allowances for a salaried employee (paid by the compensation fund)

 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>> if different from that of the claimant</small>	Child's income in his / her own right <small>> 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
Child's NSS no. <small>> see the Swiss health insurance card</small>	Sex <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"/>
	<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

Payment details (in Switzerland)

Name of bank

Account no. IBAN

Holder

Surname / First name

Street / No.

Post code / Place

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.