

**Application for family allowances**

**canton**

Company:  
Customer ID

**1 Applicant**

Last name		First name		Social security no. 756.
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality		Asylum seeker <input type="checkbox"/> yes <input type="checkbox"/> no
Civil status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separate <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> partnership dissolved				Since (date)
Address: Road / no.		Zip / City	Contactable under (phone, e-mail)	
From when do you apply to receive an allowance (date)?	Are you receiving daily cash benefits of any insurance (disability, unemployment, accident, sickness, maternity etc.) <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes: Type of benefit and payment office?				

**2 Employer**

Company			Customer ID 15.
Employed since / to	Working hours in a month	Place of work (canton)	OASI annual salary expected to be reached? <input type="checkbox"/> yes <input type="checkbox"/> no
Address: Road / No.		Zip / City	Contactable under (phone, e-mail)
Further employers: name, address, contactable under (phone, e-mail), contact person			

**3 Other parent**

**If the current partner is not the other parent, please fill out the supplement sheet!**

Last name		First name		Social security no. 756.
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality		
Civil status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separate <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> partnership dissolved				Since (date)
Address: Road / no.		Zip / City	Contactable under (phone, e-mail)	
Are you receiving daily cash benefits of any insurance (disability, unemployment, accident, sickness, maternity etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no				
If yes: Type of benefit and payment office?				
Is there an employment relationship? If yes: name, address and photo no. of the employer		<input type="checkbox"/> yes <input type="checkbox"/> no	Since (date)	Place of work (canton)
				Exceed the salary that of the applicant? <input type="checkbox"/> yes <input type="checkbox"/> no
Is this person registered in a social security compensation office as being self-employed (SE) or unemployed (NE) <input type="checkbox"/> SE <input type="checkbox"/> NE				
If yes, at which social security compensation office?				
<b>Date and signature other parent</b>				

\*the abbreviation are explained in the supplement sheet





#### 4 Child(ren) up to the age of 25

If you wish to register more than 5 children, please fill out another application.

##### General information of the child

Last name / First name ----- Social security no.	Date of birth ----- Gender (m/f)	Address of domicile ----- Zip / City	Net income **	Relationship between child and applicant						Incapacity to work yes***
				B*	A*	S*	F*	S*	G*	
756.			CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
756.			CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
756.			CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
756.			CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
756.			CHF	<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, S = stepchild, F = foster child, S = siblings, G = grandchild

\*\* Net income (salary, pension, daily allowance, yield on assets)

\*\*\* Children who are unable to work because of an illness or disability

#### 5 Additional information

(Does or did) another person draw an allowance for one or several of the children mentioned under figure 4  yes  no

**If yes: Please enclose the confirmation of the concerning social security compensation office/family allowance office**

#### 6 Documents to be enclosed

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

- |   |  |
|---|--|
| <p>Generally all:</p>                                 | <ul style="list-style-type: none"> <li>• Copy of the family booklet (parents and child) or copies of the children's birth certificates and marriage certificate</li> <li>• Confirmation of alternative providers (ALV, UVG, KTG, IV, if any benefits were purchased from a participating person)</li> <li>• Copy of the last decision of family allowance or confirmation from the last employer about the benefits of family allowance with the evident valid-date until when.</li> </ul> |
| <p>Foreigners:</p>                                    | <ul style="list-style-type: none"> <li>• Parents: valid foreigner's ID and marriage certificate</li> <li>• Children: valid foreigner's ID</li> </ul>   |
| <p>Divorced or separate Person:</p>                   | <ul style="list-style-type: none"> <li>• Excerpt from the divorce decree or decree of judicial separation regarding custody and care</li> </ul>  |
| <p>Unmarried Person:</p>                              | <ul style="list-style-type: none"> <li>• Acknowledgement of paternity</li> <li>• Maintenance contract</li> <li>• Child maintenance agreement about the joint custody</li> </ul>  |
| <p>For children over 16 years to 25 years of age:</p> | <ul style="list-style-type: none"> <li>• Recent confirmation of education, doctor's certificate for occupational disability</li> <li>• Apprenticeship contract - school confirmation - training agreement - certificate of studies</li> </ul>  |
| <p>Children with residence abroad:</p>                | <ul style="list-style-type: none"> <li>• Up-to-date confirmation of services rendered from the foreign authorities or a completed E411 form</li> </ul>   |

<b>Date and signature applicant</b>

<b>Date, stamp and signature of the employer</b>

**Please be sure to observe the important guidelines on the next page!**

## 7 Important note / confirmation of registration

### Important note

- Only those registrations 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 undersignes individuals confirm that they:

- They completed the application truthfully,
- Have taken note that only one allowance can be received for each child,
- Can make themselves liable to prosecution by providing false information or failing to disclose,
- Must pay back any benefit claimed wrongly,
- 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.

Please hand over the completely filled registration to HR administration of the employer. They checks the accuracy of statement and transmit the application to the responsible family compensation fund.

If you want to send the application yourself, please submit it first to your HR administration so they can complete point 2 of the application.

## Supplement application for family allowances

### Information of the current partner

Last name		First name		Social security no. 756.	
Date of birth	Gender <input type="checkbox"/> male <input type="checkbox"/> female		Nationality		
Civil status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separate <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> partnership dissolved				since (date)	
Address: Road / No.		Zip / City		contactable under (phone, e-mail)	
Are you receiving daily cash benefits of any insurance (disability, unemployment, accident, sickness, maternity etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: Type of benefit and payment office?					
Is there an employment relationship? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: name, address and photo no. of the employer			since (date)	Place of work (canton)	Exceed the salary that of the applicant? <input type="checkbox"/> yes <input type="checkbox"/> no
Is this person registered in a social security compensation office as being self-employed (SE) or unemployed (NE) <input type="checkbox"/> SE <input type="checkbox"/> NE If yes, at which social security compensation office?					
<b>Date and signature other parent</b>					

### Explanations of abbreviations

IV	Disability insurance
ALV	Unemployment insurance
UVG	Accident insurance
KTG	Health insurance (per diem indemnity)
MSE	Maternity benefit
OASI	Swiss Old Age and Survivors Insurance