

## Family benefit application form for employees

### Employee

|  |   |   |  |   |
|--|---|---|--|---|
| Last name  |   | First name  |  | (New) Social security number  |
| Date of birth  | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality   |  | Asylum seeker<br><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"/> partnership dissolved  |  | Since (date) →  |
| Address: Street / no.  |   | Postal code / City  | Telephone (Private, Work, Mobile) and E-mail |   |
| From which date do you wish to receive benefits (date)?          |   | Do you receive IV-, ALV-, UV-, KTG-, MSV-benefits? * <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, which of the above and from whom? |  |   |

### Employer

|  |                        |   |                   |
|--|------------------------|---|-------------------|
| Name   |                        |   | Settlement number |
| Employed since / until<br>/  | Place of work / Canton | Salary (containing 12 months) more than CHF 7'350 a year?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                   |
| Address: Street / no.  | Postal code / City     | Telephone (Private, Work, Mobile) and E-mail  |                   |
| Further employer(s): Name, address, telephone (Private, Work, Mobile) and E-mail |                        |   |                   |

### Child's other parent

If the other parent is not your current partner, please also fill in the supplementary sheet.

|   |  |  |  |                                  |
|---|--|--|--|----------------------------------|
| Last name   |  | First name   |  | (New) Social security number     |
| Date of birth   | Gender<br><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"/> partnership dissolved   |  | Since (date) →                   |
| Address: Street / no.   |  | Postal code / City   | Telephone (Private, Work, Mobile) and E-mail |                                  |
| Do you receive IV-, ALV-, UV-, KTG-, MSV-benefits? * <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, which of the above and from whom?   |  |  |  |                                  |
| Is this person in employment? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so, please indicate the employer's name, address and telephone number.   |  |  |  |                                  |
| Place of work / Canton  | Salary (containing 12 months) more than CHF 7'350 a year? <input type="checkbox"/> Yes <input type="checkbox"/> No | Who achieves probably the higher salary?<br><input type="checkbox"/> Applicant <input type="checkbox"/> Other parent |  |                                  |
| Is this person registered in a social insurance compensation office as a self-employed (SE) or an unemployed (NE) person? (please check)<br>If so, which social security compensation office? <input type="checkbox"/> SE <input type="checkbox"/> NE |  |  |  |                                  |

# Children up to the age of 25 (If you wish to register more than five children, please fill in an additional registration form)

## General information

| child | Last name | First name/s | Date of birth | Male (M)<br>Female (F) | Lives in your household  |                          | Applicant's relationship to child |                          |                          |                          |                          |                          | Unable to work<br>Yes    |
|-------|-----------|--------------|---------------|------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|       |           |              |               |                        | Yes                      | No**                     | N*                                | A*                       | S*                       | F*                       | SI*                      | 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"/> |
| 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"/> |
| 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"/> |
| 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"/> |
| 5     |           |              |               |                        | <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"/> |

\* N = Natural child, A = Adopted child, S = Step child, F = Foster child, SI = Sibling, G = Grandchild

\*\* No = If the child does not live in the applicant's household, please enter his/her address in the table below

## Additional details of children undergoing practical training and/or children who live in a different household to that of the applicant

| child | Practical training |     |            |                   | Annual salary<br>(containing 12 months) | Child's residential address (street / no., postal code / city, country) |
|-------|--------------------|-----|------------|-------------------|---|---|
|       | Start              | End | Profession | Place of training |   |   |
| 1     |                    |     |            |                   |   |   |
| 2     |                    |     |            |                   |   |   |
| 3     |                    |     |            |                   |   |   |
| 4     |                    |     |            |                   |   |   |
| 5     |                    |     |            |                   |   |   |

## Further information

Does another person (other than the applicant) receive benefits, or have they received benefits in the past for one or more of the children indicated?

Yes  No

If so, please enclose confirmation from the relevant Family Allowance Office

## Please enclose the following documentation with this application

|   |  |
|---|--|
| Swiss   | Copy of family registration booklet (details of parents and offspring) or children's birth certificates and marriage certificate   |
| Non-Swiss   | Parents: residence permit and marriage certificate<br>Children: residence permit and birth certificate and information on entitlement to family benefits in EU member state of residence (form E411) |
| Singles   | Children's birth certificates, paternity acknowledgement, child maintenance agreement  |
| Divorced or separated individuals                   | Extract from the divorce/separation decree concerning right of custody   |
| For children aged 16 or over                        | Current confirmation of practical training / Medical certificate in case of inability to work  |
| When receiving IV-, ALV-, UV-, KTG-, MSV-benefits * | Confirmation from care provider  |

## Important information / confirmation

### Please note

- Only application forms completed in full and submitted together with all the required documentation in one of Switzerland's official languages can be processed.
- Any child benefit paid out before the relevant benefit confirmation has been granted is at the employer's own risk.

### The undersigned hereby confirm that they

- have provided accurate information on this application form;
- are aware that only one full benefit allowance is permitted for each child;
- can make themselves liable to prosecution by providing false information or failing to disclose certain information;
- must pay back any benefit claimed wrongly;
- undertake to immediately notify their employer and/or Family allowance office of any changes in family circumstances that may affect their entitlement to benefit.

Date, applicant's signature

Date, stamp, employer's signature

