

Family benefit application form for employees

Employee

Last name		First name		(New) Social security number
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality		Asylum seeker <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 If so, which of the above and from whom?		

Employer

Name			Settlement number
Employed since / until /	Place of work / Canton	Salary (containing 12 months) more than CHF 7'560 a year? <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 <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 If so, which of the above and from whom?				
Is this person in employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate the employer's name, address and telephone number.				
Place of work / Canton	Salary (containing 12 months) more than CHF 7'560 a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who achieves probably the higher salary? <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) 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) Female (F)	Lives in your household		Applicant's relationship to child						Unable to work
					Yes	No**	N*	A*	S*	F*	SI*	G*	Yes
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 <small>(containing 12 months)</small>	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 Children: residence permit and birth certificate
Divorced or separated individuals	Extract from the divorce/separation decree (if available) concerning right of custody (if the children were minors at the time of the divorce).
Singles	If joint parental custody has been agreed on, please provide a copy of the official declaration.
Children over 15 years with residence in Switzerland (post-compulsory education)	Current confirmation of education e.g. apprenticeship contract, confirmation of attendance of the secondary school. Medical certificate in case of incapacity for work (also in case of illness or accident).
Children over 16 with residence in Switzerland or abroad	Current confirmation of education e.g. apprenticeship contract, confirmation of attendance etc. Medical certificate in case of incapacity for work (also in case of illness or accident).
Children with residence abroad	Germany: confirmation of the "deutsche Familienkasse" France: confirmation of the Caisse d'allocations Familiales (CAF) "Attestation destinée à votre organisme étranger" Other EU/EFTA States: We will ask the paying authority/agent directly via our web application RINA GUI for the confirmation about the payment/non-payment of children's' allowance.
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

