

Registration of Family Allowance for Employees

This is an application for family allowance birth or adoption allowance differential allowance

1 Information on the applicant

Name		First name	Social Insurance number (NAVS13)	
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	Application for asylum <input type="checkbox"/> YES <input type="checkbox"/> No	
Civil 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"/> dissolved partnership				Since (date)
Address: street / no.		Postal code / city	Canton	Availability (phone, e-mail, etc.)
From when do you apply to receive an allowance (date) ?	Recipient of IV, ALV, UVG, KTG, Parental allowance? ★ If YES what benefits from which agency?		<input type="checkbox"/> NO <input type="checkbox"/> YES, since (date)	

2 Information by the employer on himself and on the applicant

Name		Employment contract <input type="checkbox"/> limited <input type="checkbox"/> unlimited	Account number
Address: street / no.		Postal code / city	Canton
Employed since (date)	(to)	Place of work (canton)	Estimated annual salary CHF
If working for another company at the same time: Name, address, phone no			This income is <input type="checkbox"/> in excess of the one mentioned above <input type="checkbox"/> lower than

3 Information on the other parent

► In case of remarriage(s) or if you are no longer together with the child's parent, fill in the extra form ◀

Name		First name	Social Insurance number (NAVS13)	
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"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership				Since (date)
Address: street/no.		Postal code/city	Canton	Availability (phone, e-mail, etc.)
Recipient of IV, ALV, UVG, KTG, Parental allowance? ★ If YES what benefits from which agency?		<input type="checkbox"/> NO <input type="checkbox"/> YES, since (date):		
Is there an employment relationship? If YES, annual income of at least CHF 7'350.-? If YES: Name, address, phone number of the employer		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Canton of work	Who is probably going to earn more income? <input type="checkbox"/> Applicant (Figure 1) <input type="checkbox"/> Other parent (Figure 3)
Are you covered by a compensation fund as self-employed (SE) or non-employed (NE)?				<input type="checkbox"/> SE <input type="checkbox"/> NE
If YES: by which compensation fund?				

★ IV = Disability insurance • ALV = Unemployment insurance • UVG = Accident insurance • KTG = Health insurance (per diem indemnity)

4 Child(ren) up to 25 years of age (for whom a claim is being asserted)

► If you need to register more than 5 children, please fill in figure 1 (line 1) and figure 4 on an extra copy of the same form ◀

a) General details

	Name	First name(s)	Date of birth	m / f	Lives in your household*		Relationship between child and applicant**						Incapacity to work	parental concern***
					YES	NO	L	A	S	P	G	E		
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"/>	

* No = Child does not live in same household as applicant: Please add address to the following chart

** L = Biological child • A = Adopted child • S = Stepchild • P = Foster child • G = Siblings • E = Grandchild

*** M = mother • V = father • G = common • A = other

b) Additional information for children in training and/or provided that the child does not live in his/her own household

	Education			Training position	Annual income	Place of residence of child (street/no. • postal code/city • country)
	Commencmt	End	Type			
1						
2						
3						
4						
5						

5 Further information

Does (or did) a person draw an allowance for one or several of the children mentioned under figure 4? YES NO

If YES, during which time frame? Who and from which compensation fund?

since..... to

6 The following documents must accompany the registration (copies)

All	Birth certificates of the children and marriage certificate
EU/EFTA citizens with children residing in EU/EFTA member states (except CH):	A current confirmation of benefits from the foreign institution (is obtained from us by all countries except France). <i>Documents that are not in one of Switzerland's official languages or in English must be translated by an acknowledged translator.</i>
Foreign nationals:	Parents: Foreigner's ID (front and reverse side) and marriage certificate Children: Foreigner's ID (front and reverse side)
Single persons:	Acknowledgement of paternity, approved agreement regarding joint custody
Divorced or separated persons:	Excerpt from the divorce decree or decree of judicial separation regarding custody and care
For children over 16 years of age:	Up-to-date authentication of higher education • Doctor's certificate for occupational disability
If drawing other benefits:	Authentication of possible alternative care providers (pursuant to figures 1+3)

7 Important note • Confirmation of registration

Important note

- Only those registrations signed and 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 undersigned individuals confirm:

- that they completed the application truthfully;
- that **only one** (full) allowance may be drawn per child;
- that they are aware that they may render themselves liable to prosecution through false statements and concealment of facts;
- that they are aware that benefits drawn unlawfully must be reimbursed;
- that with this registration they 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.

Date, signature of applicant

Date, stamp, signature of employer