

Supplement to «Registration of Family Allowance for Employees and Self-Employed»

Information regarding current partner

Name		First name	AHV no.
Date of birth	Sex <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	Availability (phone, e-mail, etc.)
Recipient of IV, ALV, UVG, KTG, maternity benefits? ★ <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: what benefits from which agency?			
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: name, address and phone number of the employer		Canton of work	Who is probably going to earn more income (p.a.)? <input type="checkbox"/> Applicant <input type="checkbox"/> Current Partner
Are you covered by a compensation fund as self-employed (SE) or non-employed (NE)? If yes: by which compensation fund?			<input type="checkbox"/> SE <input type="checkbox"/> NE

★ Explanation of abbreviations

IV	Disability insurance
ALV	Unemployment insurance
UVG	Daily allowance of accident insurance
KTG	Daily allowance of health insurance