Application for family allowances (employees in the agricultural sector excluded)



| A | Identity of the applicant | | | | | | | |
|----|---|----------------|---------------|------------------------------|-------------------------|-------|--|--|
| | | | | | | | | |
| | Surname(s): | | | | | | | |
| | First name(s): | | | | | | | |
| | Address: | | | | | | | |
| | ZIP / city: | Nationality: | Nationality: | | | | | |
| | E-mail: | | Insurance n | io.: | | | | |
| | Phone: | | Date of birth | n: | | | | |
| | Civil status: 🗖 single | | | | | | | |
| | married / registered civil | partnership | since: | | | | | |
| | □ widowed | | | | | | | |
| | factually separated | | | | | | | |
| | legally separated | | | | | | | |
| 01 | divorced | | | | | | | |
| | | | | | | | | |
| B | Identity of the applicant's children | n (up until 25 | years of age) | | | | | |
| | <u>1st child</u> | | | | | | | |
| | Surname(s): | | | own child | foster child | | | |
| | First name(s): | | | adopted child | grandchild | | | |
| | Date of birth: | | | spouse's child | siblings | | | |
| | Address: | | | Country: | | | | |
| | Income during apprenticeship or ongoing education | | | Fr | | | | |
| 02 | (gross salary, yield on assets, daily cash benefits a | na pensions) | | | | | | |
| | 2nd child | | | | | | | |
| | Surname(s): | | | own child | foster child | | | |
| | First name(s): | | | adopted child | grandchild | | | |
| | Date of birth: | | | spouse's child | siblings | | | |
| | Address: | | | • | | | | |
| | Income during apprenticeship or ongoing education Fr (gross salary, yield on assets, daily cash benefits and pensions) | | | Fr | | | | |
| 03 | (gross salary, yield on assets, daily cash benefits a | iu perisions) | | | | | | |
| | For further children please use the supplementary sheet 1 to this application. It must also be approved by the | | | | | | | |
| 04 | authority of your residential municipality. | | | | | | | |
| С | Additional information | | | | | | | |
| | Date as of when you are claiming family | allowances? | | | | | | |
| | Who has been receiving family allowances so far? | | | | until: | | | |
| | Are you already receiving any family allowances for one or more of the li | | | listed children? | 🗖 no | □ yes | | |
| | If so, from whom? | | | | | | | |
| | For which child? What amount? | Name: | | | Fr | | | |
| | | | | | Fr. | | | |
| | Which office pays the allowances? | | | | | | | |
| 05 | Do you have more than one employer? | 🗖 no | 🗖 yes | (If so, please fill in the s | supplementary sheet 2!) | | | |
| | Are you liable to withholding tax? | 🗖 no | □ yes | | | | | |

| D | Identity of the applicant's spouse or partner | | | | | |
|----|---|---|-----------|--|--|--|
| | Spouse or partner living in the same household | _ | | | | |
| | Surname(s): | First name(s): | | | | |
| | | Date of birth: | | | | |
| | Are you employed? | Employer: | | | | |
| | Employed since: | Address: | | | | |
| | □ full time □ % workload Do you have more than one employer? □ no | | | | | |
| | Who earns a higher salary (gross)? | Upper yes (If so, please fill in the supplementary sheet 2!) tner D Applicant (A) | | | | |
| 06 | | | | | | |
| | Parent living in a separate household | | | | | |
| | Surname(s): | First name(s): | | | | |
| | Address: | ZIP / city: | | | | |
| | | Date of birth: | | | | |
| | Civil status: | Since: | | | | |
| | Are you employed? ges no | Employer: | | | | |
| | Employed since: | Address: | | | | |
| | □ full time □% workload | Place of work: | | | | |
| 07 | Do you have more than one employer? no | □ yes (If so, please fill in the supplementary sheet 2!) | | | | |
| F | Confirmation from the applicant's employer | | | | | |
| | Company: | Account no: | | | | |
| | Address: | Contact: | | | | |
| | ZIP / city: | Phone: | | | | |
| | Employed since: | Place of work: | | | | |
| | | headquarters | te | | | |
| | AVS-compulsory annual salary: Fr | □ field service □ home office | | | | |
| | | | | | | |
| | | | | | | |
| | Date and place | Stamp and signature | | | | |
| 08 | Important: Any family allowance payments made before receipt of the family allowances compensation office's decree is at the employer's own risk. | | | | | |
| G | Verification by the authority of the applicant's re | esidential municipality | | | | |
| U | | lity, confirm having verified the listed persons' identities. I | fwe | | | |
| | found any inaccurate information, we made the necessary | | wo | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 09 | | Stamp and Signature | | | | |
| 09 | Date | | | | | |
| H | Commitment and signature | | | | | |
| | Commitment and signature | n this application is true and complete. I take notice that fa | mily | | | |
| | Commitment and signature I, the undersigned, certify that all the information given in allowances paid on the basis of false information or con- | n this application is true and complete. I take notice that fancealment of facts will have to be returned. Furthermore, | lam | | | |
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