Application for family allowances: supplementary sheet 2
Further employers

A Specification of further employers

2nd employer

❒ applicant's employer ❒ spouse's or registered partner's employer

❒ other parent's employer (living in a separate household)

Company's name und adress: _____

Contact: _____ Phone: _____

Employed since: ☐☐.☐☐.☐☐☐☐ Place of work: _____

❒ full time ❒ _____ % workload ❒ headquarters ❒ branch / operating site

01 AVS-compulsory annual salary: Fr. _____ ❒ field service ❒ home office

3rd employer

❒ applicant's employer ❒ spouse's or registered partner's employer

❒ other parent's employer (living in a separate household)

Company's name und adress: _____

Contact: _____ Phone: _____

Employed since: ☐☐.☐☐.☐☐☐☐ Place of work: _____

❒ full time ❒ _____ % workload ❒ headquarters ❒ branch / operating site

02 AVS-compulsory annual salary: Fr. _____ ❒ field service ❒ home office

4th employer

❒ applicant's employer ❒ spouse's or registered partner's employer

❒ other parent's employer (living in a separate household)

Company's name und adress: _____

Contact: _____ Phone: _____

Employed since: ☐☐.☐☐.☐☐☐☐ Place of work: _____

❒ full time ❒ _____ % workload ❒ headquarters ❒ branch / operating site

03 AVS-compulsory annual salary: Fr. _____ ❒ field service ❒ home office

B Comments

_____

_____

_____

04 _____

C Commitment and signature

I, the undersigned, certify that all the information given in this application is true and complete. I take notice that family allowances paid on the basis of false information or concealment of facts will have to be returned. Furthermore, I am obligated to immediately inform the family allowances compensation office of all changes, which could influence the entitlement to allowances (e.g. change of civil status, number of children and their place of residence, terms of employment). In the event of negligence or abuse, the family allowances compensation office is able to take legal action.

_____ _____

Date and place Signature

Enclosures (copies):

05 ❒ confirmation from the employer / family allowances compensation office stating whether family allowances are already paid or not

Formular zurücksetzen