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

A Identity of the applicant

❒ female ❒ male

Surname(s): _____

First name(s): _____

Address: _____

ZIP / city: _____ Nationality: _____

E-mail: _____ Insurance no.: ___.___.___.___

Phone: _____ Date of birth: _____

Civil status:
- ❒ single
- ❒ married / registered civil partnership since: _____
- ❒ widowed since: _____
- ❒ factually separated since: _____
- ❒ legally separated since: _____
- ❒ divorced since: _____

01

B Identity of the applicant's children (up until 25 years of age)

1st child

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. _____
(gross salary, yield on assets, daily cash benefits and pensions)

02

2nd child

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. _____
(gross salary, yield on assets, daily cash benefits and pensions)

03

04 For further children please use the **supplementary sheet 1** to this application. It must also be approved by the authority of your residential municipality.

C 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 listed children? ❒ no ❒ yes

If so, from whom? _____

For which child? What amount? Name: _____ Fr. _____

Name: _____ Fr. _____

Which office pays the allowances? _____

05 Do you have more than one employer? ❒ no ❒ yes (If so, please fill in the **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): _____

Insurance no: ___.____.____.__ Date of birth: _____

Are you employed? ❒ no ❒ yes Employer: _____

Employed since: __.__.____ Address: _____

❒ full time ❒ _____ % workload Place of work: _____

Do you have more than one employer? ❒ no ❒ yes (If so, please fill in the **supplementary sheet 2**!)

06 Who earns a higher salary (gross)? ❒ Spouse / partner ❒ Applicant (A)

Parent living in a separate household

Surname(s): _____ First name(s): _____

Address: _____ ZIP / city: _____

Insurance no.: ___.____.____.__ Date of birth: _____

Civil status: _____ Since: _____

Are you employed? ❒ yes ❒ 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**!)

E Confirmation from the applicant's employer

Company: _____ Account no: _____

Address: _____ Contact: _____

ZIP / city: _____ Phone: _____

Employed since: __.__.____ Place of work: _____

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

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.

F 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):

09
- ❒ birth certificate / family book / proof of legal guardianship, in which the child and both parents are mentioned
- ❒ extract of the divorce decree concerning the right of custody or the agreement on parental care
- ❒ apprenticeship contract, enrolment confirmation or other evidence of ongoing education for children after completion of their 16th year

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