Family benefit claim for employees

1 Employer of the applicant (*Is to be completed by the employer)

Account Number (MR)*	Name*	Employed since / until*	Canton of work*

Other employers: name/company name, address and telephone nr. of employer, contact person

Important information
- Only fully completed forms with all necessary documentation will be processed.
- In case answering a question seems inappropriate to you due to data privacy protection, please write "private" in the relevant point(s).
- If changes occur to the information provided, a new form must be completed (legal obligation to notify the authorities).

2 Applicant

Surname	First name	Nationality

Date of birth	Sex	Insurance number (AHV/AVS)
	☐ Male ☐ Female	

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ In a civil partnership (same sex) ☐ c.p. dissolved
Since (date):

Address: street / house nr.	Postcode / city / canton / country, if not CH	Since when?

Claim for: ☐ Family benefit ☐ Birth or adoption benefit ☐ Difference payment	From which date are you claiming family allowance?

3 Other parent/step parent (information mandatory)

If the other parent/step parent is not the same as the current spouse (also applies to a registered partner), please complete the supplement "Further possible beneficiaries" for the current spouse, If the child is living with the other parent and his / her spouse, their information must be provided on the above-mentioned supplement.

Surname	First name	Nationality

Date of birth	Sex	Insurance number (AHV/AVS)
	☐ Male ☐ Female	

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ In a civil partnership (same sex) ☐ c.p. dissolved
Since (date):

Address: street / house nr.	Postcode / city / canton / country, if not CH	Since when?

Has the other parent/step parent (pt. 3) been (or was) employed since the starting date of claim (pt. 2) ☐ Yes ☐ No

Since:(start dates) 1. ……..// 2. ……// 3. ……// 4. ……

Until:(end dates) 1. ……..// 2. ……// 3. ……// 4. ……

Employer's name/s and address/es (all must be mentioned):

1. ……
2. ……
3. ……
4. ……

respective Canton/s of work / countries (if not Switzerland):

……

Is the other parent/step parent registered as self-employed (SE), as defined by Swiss social security legislation, with a Swiss Compensation Office?

☐ Yes, since (start date): …… ☐ No

If yes, please indicate competent compensation office:

Canton of work / country (if not Switzerland):

Does the monthly income (sum of all gross income subject to AHV/AVS contributions) of the other parent/step parent (pt. 3) exceed CHF 630.00 (i. e. total gross income of all gainful activities, employed and self-employed)? ☐ Yes ☐ No

Which applicant or other parent/step parent earns the higher average monthly gross salary as an employed person (based on gross annual salary incl. 13th monthly salary, bonus, etc.)? Surname: …… First name: ……

4 Children up to 25 years of age For more than 5 children, please complete one more form.

child	Surname	First name(s)	Insurance number (AHV/AVS) (756.xxxx.xxxx.xx) **	Date of birth	m / f	unable to work/ disabled? Yes	Relationship of the applicant to the child *** B	A	St	F	S	G
1						☐	☐	☐	☐	☐	☐	☐
2						☐	☐	☐	☐	☐	☐	☐
3						☐	☐	☐	☐	☐	☐	☐
4						☐	☐	☐	☐	☐	☐	☐
5						☐	☐	☐	☐	☐	☐	☐

** For children living in Switzerland, you have been notified of the **Swiss social security number (AHV/AVS number)** by your Swiss health insurance company. The number is stated on the **Swiss health insurance card or on the insurance policy**.
For children living abroad, please contact the responsible person in your company.

*** B = Biological child, A = Adopted child, St = Stepchild, F = Foster child, S = Sibling, G = Grandchild

5 Parents who are separated

Child	With whom does the child live predominantly in the household? Lives mostly with mother	Lives mostly with father	Lives in equal parts with both parents	Does not live with any parent (Enclose confirmation of residence)
1	☐ since: date	☐ since: date	☐ since: date	☐ since: date .....
2	☐ since: date	☐ since: date	☐ since: date	☐ since: date .....
3	☐ since: date	☐ since: date	☐ since: date	☐ since: date .....
4	☐ since: date	☐ since: date	☐ since: date	☐ since: date .....
5	☐ since: date	☐ since: date	☐ since: date	☐ since: date .....

6 Copies of the following documents must be enclosed with the application form:

Swiss nationals:	☐ Family register or birth certificate of the children and marriage certificate of the applicant
Foreign nationals:	☐ Parents: Swiss residence/ permit (alien registration) and marriage certificate ☐ Children: birth certificate, Swiss residence/ permit (alien registration)
Single persons:	☐ Birth certificate of the children, acknowledgment of paternity, ☐ child custody agreement (provided there is one)
Divorced or separated persons:	☐ Summary of the divorce/separation decree with reference to child custody
Children over 16 years of age:	☐ Confirmation letter of further education / ☐ apprenticeship or work contract / ☐ supplementary form «Child in education/apprenticeship» / ☐ medical disability certificate
Children in post-compulsory education after the age of 15 (effective 01.08.2020):	☐ current proof of education (post-compulsory education) / ☐ contract of apprenticeship or work / ☐ supplementary form «Child in education/apprenticeship»
Children not resident in Switzerland:	☐ Passport, DE: Familienstammbuch; FR: Fiche familiale d'état civil; IT: Certificato di stato di famiglia; Other countries: birth certificate or E401 form; ***Documents which are not written in a Swiss national language or English have to be translated by an official authority.*** ☐ Current confirmation of the competent child benefit authority of the country of residence of the child, e. g. E411 or equivalent document taking into account circumstances assimilated to gainful employment, such as periods of temporary inactivity due to illness, maternity, accident, unemployment - as long as salary entitlement or sick pay insurance persists; paid and unpaid leave (e. g. child rearing leave), etc.

7 Claim confirmation

The undersigned hereby declare that:

- All information entered on the application form is true and correct,
- He/she is aware that only one benefit per child is allowed,
- He/she is aware that the applicant or any other parent receiving benefits form the invalidity or unemployment insurance has to inform the responsible office of the family benefits,
- He/she is aware that knowingly giving false information or withholding information is a punishable offence,
- All incorrectly received benefits must be repaid,
- He/she is obliged to inform immediately his/her employer (and thus the compensation office automatically) about any changes to the aforementioned details (legal obligation to notify the authorities),
- The processing office is authorized to obtain further necessary information and documents.

Date, signature of the applicant (claim is only valid if signed)	Date, stamp and signature of employer
Date, signature of the other parent/step parent (claim is only valid if signed)	