PROMEA Sozialversicherungen

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Family allowance application form for employees

Application for: ☐family allowances ☐birth or adoption allowances ☐differential allowances

1. Applicant

Last name	First name		Social security no. (13-digit AHV no.)
Date of birth	Gender ☐Male ☐Female	Nationality	Contact details (phone and/or e-mail)
Marital status ☐single ☐married ☐separated ☐divorced ☐widowed ☐registered partnership** ☐partnership dissolved**			since (date)
Address: street/no.	Postal code, town		since (date)
From which date do you wish to receive benefits?	Do you receive *IV, ALV, UVG, KTG or MSE benefits? ☐Yes ☐No If yes, which of the above and from whom?		

2. Employer

Name			Settlement number
Employed since / until	Place of work (canton)	Anticipated annual qualifying AHV salary	
Address: street / no.	Postal code, town	Contact details (phone and/or e-mail)	
Additional employer(s) / name, address, contact details (phone, e-mail, etc.), contact person			

3. Child's other parent (information mandatory)

If the other parent is not your current partner, please also fill in the supplementary sheet.

Last name	First name		Social security no. (13-digit AHV no.)
Date of birth	Gender ☐Male ☐Female	Nationality	Contact details (phone and/or e-mail)
Marital status ☐single ☐married ☐separated ☐divorced ☐widowed ☐registered partnership** ☐partnership dissolved**			since (date)
Address: street/no.	Postal code, town		since (date)
Do you receive *IV, ALV, UVG, KTG or MSE benefits? ☐Yes ☐No If yes, which of the above and from whom?			
In employment? ☐Yes ☐No If yes, please indicate the employer's name, address and telephone number.	since (date)	until (date)	Canton of work
Registered in a compensation fund as being self-employed (SE) or unemployed (UN)? ☐SE ☐UN	since (date)	Who is expected to earn the higher income? ☐Applicant ☐Other parent	

*IV disability insurance
ALV unemployment insurance
UVG daily allowance in the event of accident
KTG daily allowance in the event of illness
MSE maternity allowance

**same-sex partnership

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4. Children up to the age of 25 – General information

If you wish to register more than six children, please fill in an additional registration form.

Child	Last Name	First name(s)	Date of birth	m/f	Lives in your household		Residential country**	Applicant's relationship to child						Unable to work
					Yes	No**		B*	A*	S*	F*	SI*	G*	Yes
1					☐	☐		☐	☐	☐	☐	☐	☐	☐
2					☐	☐		☐	☐	☐	☐	☐	☐	☐
3					☐	☐		☐	☐	☐	☐	☐	☐	☐
4					☐	☐		☐	☐	☐	☐	☐	☐	☐
5					☐	☐		☐	☐	☐	☐	☐	☐	☐
6					☐	☐		☐	☐	☐	☐	☐	☐	☐

*B = Biological child, A = Adopted child, S = Step child, F = Foster child, SI = Sibling , G = Grandchild
**No = Please add the residential country of the child, if the child does not live in the household of the applicant.

5. For parents living separately

Child	With whom does the child live temporal predominantly in the same household?			
	Lives temporal predominantly with the mother	Lives temporal predominantly with the father	Lives temporal in equal parts with both parents	Does not live with any parent (enclose proof of residence)
1	☐	☐	☐	☐
2	☐	☐	☐	☐
3	☐	☐	☐	☐
4	☐	☐	☐	☐
5	☐	☐	☐	☐
6	☐	☐	☐	☐

6. Please enclose the following documentation with this application

All applicants:	▪ Copy of family registration booklet (details of parents and offspring) or children's birth certificates and marriage certificate ▪ Confirmation from alternative benefit provider if benefits are received (see section 1)
Non-Swiss:	▪ Parents: residence permit ▪ Children: residence permit
Children with residence abroad:	▪ Current confirmation on entitlement to family benefits in EU member state of residence (form E411) ▪ Documents that have not been drawn up in one of Switzerland's official languages **must** be translated by an officially registered translator.
Singles:	Paternity acknowledgement, child maintenance agreement
Divorced or separated individuals:	Extract from the divorce/separation decree concerning right of custody
For children aged 16 or over:	Current confirmation of practical training such as apprenticeship / internship contract, confirmation of school etc. / Medical certificate in case of inability to work (original)

7. Important information / confirmation of application

Please note

- Only application forms completed in full and submitted together with all the required documentation can be processed.
- Any child benefit paid out before the relevant benefit confirmation has been granted is at the employer's own risk.

The undersigned hereby confirm that they

- have provided accurate information on this application form,
- are aware that only one full benefit allowance is permitted for each child,
- can make themselves liable to prosecution by providing false information or failing to disclose certain information,
- must pay back any benefit claimed wrongly,
- undertake to immediately notify **their employer and/or compensation fund** of any changes in family circumstances that may affect their entitlement to benefit.

Date, applicant's signature (application only valid with signature)	Date, stamp, employer's signature
Date, other parent's signature (application only valid with signature)	