

## Application for family allowances

### 1. Applicant

Last name		First name		Date of birth	
Social security no. (13 positions)		Gender <input type="checkbox"/> male <input type="checkbox"/> female		Nationality	
				Asylum Seeker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> on concubinage <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership					Since when (date)
Address: street / no.			Postal code / city		Country
Reachable under (phone or e-mail)				Date as of when you are claiming family allowances	
Which allowances are applied for with this application? <input type="checkbox"/> Birth allowances <input type="checkbox"/> Child allowances/Training allowances <input type="checkbox"/> Intercantonal differential allowances				Place of residence of the mother of the child in Switzerland? <input type="checkbox"/> Yes, since <input type="checkbox"/> No	

### 1.1 Questions to the applicant

Are you gainfully employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which canton do you balance the AVS-contributions?	Annual salary (AVS)
Are you in maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when? (date)	Expected until? (date)
Are you currently unable to work due to sickness / illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you currently unable to work due to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you permanently unable to work due to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when? (date)	To what percent?

### 1.2 Information to the employer

Name company			
Address: Street / No.		Postal code / City	Reachable under (phone or e-mail)
Employed since / to	Percent	Place of work (canton)	Prospective AVS annual salary

Please fill in, as long as there are further employers.

Name company			
Address: Street / No.		Postal code / City	Reachable under (phone or e-mail)
Employed since / to	Percent	Place of work (canton)	Prospective AVS annual salary



## 2. Other parent or life partner

If the other parent is not the same as the current partner, please fill in section 3.

Last name		First name		Date of birth	
Social security no. (13 positions)		Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality		Asylum Seeker <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> on concubinage <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership					Since when (date)
Address: street / no.		Postal code / city		Country	
Reachable under (phone or e-mail)					
Biological father / mother of children <input type="checkbox"/> Yes <input type="checkbox"/> No		Stepfather / stepmother of children <input type="checkbox"/> Yes <input type="checkbox"/> No		Foster father / foster mother of children <input type="checkbox"/> Yes <input type="checkbox"/> No (provided that you are mainly responsible for the maintenance of the children)	
Are you physical father / mother or stepfather / mother or foster father / mother of all children in section 4? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, only applies to children of the lines.....up to.....in section 4					

### 2.1 Questions to the parent or life partner

Are you gainfully employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are, will the minimum income of CHF 597.- per month and / or CHF 7'170.- per annum be reached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in which canton do you balance the AVS-contributions?	AVS annual salary in relation to other parent <input type="checkbox"/> higher <input type="checkbox"/> lower
Are you in maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)	Expected until? (date)
Are you currently unable to work due to sickness / illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)	
Are you currently unable to work due to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)	
Are you permanently unable to work due to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)	To what percent?

### 2.2 Information to the employer

Name company			
Address: Street / No.		Postal code / City	Reachable under (phone or e-mail)
Employed since / to	Percent	Place of work (canton)	AVS annual salary in relation to other parent <input type="checkbox"/> higher <input type="checkbox"/> lower

Please fill in, as long as there are further employers.

Name company			
Address: Street / No.		Postal code / City	Reachable under (phone or e-mail)
Employed since / to	Percent	Place of work (canton)	AVS annual salary in relation to other parent <input type="checkbox"/> higher <input type="checkbox"/> lower



### 3. Divorced or separate parent

Last name		First name		Date of birth	
Social security no. (13 positions)		Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality		Asylum Seeker <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> on concubinage <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership				Since when (date)	
Address: street / no.		Postal code / city		Country	
Reachable under (phone or e-mail)					
Biological father / mother of children <input type="checkbox"/> Yes <input type="checkbox"/> No		Stepfather / stepmother of children <input type="checkbox"/> Yes <input type="checkbox"/> No		Foster father / foster mother of children <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(provided that you are mainly responsible for the maintenance of the children)</small>	
Are you physical father / mother or stepfather / mother or foster father / mother of all children in section 4? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, only applies to children of the lines.....up to.....in section 4					

#### 3.1 Questions to the divorced or separate parent

Are you gainfully employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are, will the minimum income of CHF 597.- per month and / or CHF 7'170.- per annum be reached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)		
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in which canton do you balance the AVS-contributions?		AVS annual salary in relation to the ex-partner <input type="checkbox"/> higher <input type="checkbox"/> lower
Are you in maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)		Expected until? (date)
Are you currently unable to work due to sickness / illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, since when? (date)	
Are you currently unable to work due to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, since when? (date)	
Are you permanently unable to work due to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)		To what percent?

#### 3.2 Information to the employer

Name company				
Address: Street / No.		Postal code / City		Reachable under (phone or e-mail)
Employed since / to	Percent	Place of work (canton)	AVS annual salary in relation to the ex-partner <input type="checkbox"/> higher <input type="checkbox"/> lower	

Please fill in, as long as there are further employers.

Name company				
Address: Street / No.		Postal code / City		Reachable under (phone or e-mail)
Employed since / to	Percent	Place of work (canton)	AVS annual salary in relation to the ex-partner <input type="checkbox"/> higher <input type="checkbox"/> lower	



## 4. Children

Child	Last name	First name	Date of birth	m / f	Is living in your household ?		In relation of the applicant person to the child				Unable to work
					Yes	No**	P*	A*	S*	F*	Yes
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* P = physical child, A = adopted child, S = stepchild, F = foster-child

\*\*No = If the child does not live in the applicant's household, please complete the address in the table below.

### Additional information for a child in education

Child	Type of education					Annual salary	Address of the child (Str. / no. / postal code / city / country)
	P♦	S♦	A♦	I♦	U♦		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

♦ P = pupils, S = student, A = apprentice, I = intern/trainee, U = unable to work

## 5. Additional questions

Have you already received child allowances for the children mentioned in point 4?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, where were the child allowances received?		
<input type="checkbox"/> Switzerland / canton:	<input type="text"/>	
<input type="checkbox"/> Abroad / country:	<input type="text"/>	
If so, from who paid the child benefits? (Surname, first name, date of birth)	Since when?	Until when?
<input type="text"/>	<input type="text"/>	<input type="text"/>

applies to all children in section 4  only applies to the children in lines .....



## 6. The following documents must be attached to the application as a copy

General information for all applicants:	- Official birth certificate of the children or copy of family record book
- For children who have reached the age of 15 and are in post-compulsory education and training: - For children who have reached the age of 16:	- Proof of current education status as well as the proof of education status form. You can find the form at <a href="http://www.fageba.ch">www.fageba.ch</a> - Medical certificate or disability insurance ruling in the case of incapacity to work
Foreigners with residence in Switzerland:	All foreign citizens (EU / EFTA) who are residents of Switzerland are requested to submit a copy of their residency permits. This includes members of the family.
Place of residence of children who are abroad :	Current confirmation (or form E411 of the competent office in the country of residence of the children) which provides information about the right to family allowances.
Unmarried persons:	- Children's birth certificate - Paternity acknowledgement - Child custody agreement, if applicable
Divorced or separated persons:	- Extract from the divorce and / or separation ruling concerning the parent-centred care and / or custody (if no ruling is available, the residence certificate of the children).

Documents which are not written in one of the languages of Switzerland or in English must be translated by a certified (sworn) translator.

## 7. Important notes / Confirmation (of the informations)

<b>Important notes</b>	
<ul style="list-style-type: none"> <li>- Only application forms completed in full and submitted together with all the required documentation in one of Switzerland's official languages or in English can be processed. In special cases, the family compensation fund may request further documents.</li> <li>- Any child benefit paid out before the relevant benefit confirmation has been granted is at the employer's own risk.</li> </ul>	
<b>The applicant confirms that he/she</b>	
<ul style="list-style-type: none"> <li>- have filled out the application truthfully,</li> <li>- have taken note of the fact that only one allowance can be received for each child,</li> <li>- can make themselves liable to prosecution by providing false information or failing to disclose certain information, must pay back any benefit claimed wrongly,</li> <li>- Shall provide information to the employer / family compensation fund regarding any changes to the circumstances of the family which may affect entitlement to the family allowance.</li> </ul>	
City and date	Signature of the applicant

<b>The employer confirm that they have filled out the application truthfully.</b>	
City and date	Stamp and signature of the employer

## Questions

If you have any questions, please do not hesitate to contact our team of the Familienausgleichskasse für das Basler Gewerbe by phone 061 227 50 83 or by mail [info@fageba.ch](mailto:info@fageba.ch).

