

Do not forget to sign. Make sure all enclosures are attached! Tel. 021 613 35 12 – Fax 021 613 35 01 – caisse.af@avscvci.ch

## Application for differential allowance (paid by the employer)

		Employer					
Affiliate number		Company name					
To be filled i	n by the clai	mant					
If the children a	re born of seve	ral unions, please	fill in a question	nnaire for each union.			
				☐ Ms. ☐ Mr.			
Surname / First n	ame						
Private address							
Street / No.		Post code / Place	1	Phone			
NSS no. > replaces A	VS no.	Date of birth Nationality > if you are a non-EU n.		itional, please enclose a copy of your residence permit			
Civil status							
Single	Married	Registered pa	artnership				
Separated	Divorced	Widower/wid	dow	As of (date)			
For divorced or s	ingle parents : wl	ho has parental au	ithority?				
Mother	Father	Shared					
Do you have a se	cond employer?			yes no			
-							
lf yes, name of th	ie employer						
Company name		Street / No.		Post code / Place			
Company name		Juleet/ No.		I I			
Employment rate	2 (%)	Canton / country	of work	As of (date)			
Does your second employment pay you a higher salary than your first?				yes no			
Information reg	arding the othe	r parent					
Spouse	Former spouse	Common-law spouse	Registered partner	Other			
				☐ Ms. ☐ Mr.			
Surname / First n	ame						
Private address							
Street / No.			Post code / Place	e			

Has your work or family s during the past year?	yes no							
If yes, which one and when	?							
Date Reason								
Date Reason								
Children for whom the all	owance is re	equested						
6	Data		Child's	Is the child?				
Child's NSS no. > see the Swiss health insurance card	Date of birth Sex	Each child's address  > if different from that of the claimant	income in his / her own right > salary, annuities, daily benefits, income from assets	from the marriage	from a former marriage	out of wedlock	a child of the spouse	a foster or an adopted child
	M F		CHF					
	M F		CHF					
	M F		CHF					
	M F		CHF					
The allowance is requeste	ed as of (date	<del>2</del> ):						
The undersigned certifies the He / she recognises the com								
Place and date	Signa	ature						

## To be filled in by the employer

	Claimant's time worked				Abse	nce	End of		
Year		Part time >	ime > please fill in just one column			lent		employ- ment	
	Full time	No. hours	No. days	Per cent	Illness	Accident	No. days	relation- ship	
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									
The employe	r certifies tha	at he/she ha	s employed h	nim / her		from (c	date) to	> if applicable	
I		1		1		1			
Place of work	(canton)	Rat	re (%)	Type of per > if a foreigner	mit	Gross r	monthly salar	у	
		Rat	re (%)				monthly salar	-	
Place of work Place and dat Enclose w	te	L						-	
Place and dat  Enclose w  copy of IE	te <b>rith your</b> a D card or resi	applicatio	n: t;					-	
Place and dat  Enclose w  copy of IE copy of re	r <b>ith your a</b> D card or resi esidence per	applicatio dence permi mit for non-E	<b>n :</b> t ; U nationals ;	> if a foreigner		Stamp	and signatur	-	
Place and date  Enclose w  copy of IE copy of re certificate	rith your and or residence perfect of payment	applicatio dence permi mit for non-E or an E411 f	n: t; U nationals; orm in favou		se fron	Stamp	and signatur	e	
Enclose w copy of IC copy of re certificate detailed p for all firs	rith your and card or residence period of payment oper child and set application	application dence permin mit for non-E or an E411 for per month, i	t; U nationals; orm in favou ncluding only pensation Fu	> if a foreigner  r of the spous the exportal and, a copy of	se fron ble iter	Stamp n the fons before	and signatur oreign entity, ore deduction	e ns;	
Enclose w copy of IE copy of re certificate detailed p for all firs children p	rith your and or residence perfect of payment or child and stapplication pages or equ	application dence perminit for non-E or an E411 f per month, i s to our Comitivalent officia	t; U nationals; orm in favou ncluding only pensation Fu Il documents	> if a foreigner  r of the spous the exportal and, a copy of	se fron ble iter the fa	Stamp on the fo ms befo mily re	and signatur oreign entity, ore deduction cord book (s	e ns ; pouse and	
Enclose w copy of IC copy of re certificate detailed p for all firs children p in case of	rith your and card or residence per card and card and card and card application card or equifulation, frequently appropriate the card of t	application dence perminit for non-E or an E411 find per month, in the second composition of the	t; U nationals; orm in favou ncluding only pensation Fu I documents	r of the spous the exportal and, a copy of );	se fron ble iter the fa arenta	Stamp In the forms beformily re	and signatur oreign entity, ore deduction cord book (s rity, custody	e ns ; pouse and	
Enclose w copy of IC copy of re certificate detailed p for all firs children p in case of for childre	rith your and card or residence per child and card or equivalent or equivalent or equivalent or equivalent or en from 16 to per of hours of each of the card of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or each from 16 to per of hours of the card or residence per or resi	application dence perminit for non-Eart or an E411 from per month, in the second compart of the diversity of	t; U nationals; orm in favou ncluding only pensation Full documents separation a force decree	r of the spous the exportal and, a copy of the exportal and, a copy of agreement (page	se fron ble iter the fa arenta hority, educat	Stamp  In the forms before the forms bef	and signatur oreign entity, ore deduction cord book (s rity, custody ly and date); ablishment r	e  ns;  pouse and  and date);  mentioning	