

Application for differential allowance (paid by the employer)

 Affiliate number

 Employer

 Company name

To be filled in by the claimant

If the children are born of several unions, please fill in a questionnaire for each union.

 Surname / First name

Ms. Mr.

Private address

 Street / No.

 Post code / Place

 Phone

 NSS no. > replaces AVS no.

 Date of birth

 Nationality
> if you are a non-EU national, please enclose a copy of your residence permit

Civil status

Single Married Registered partnership
 Separated Divorced Widower / widow

 As of (date)

For divorced or single parents : who has parental authority ?

Mother Father Shared

Do you have a second employer ? yes no

If yes, name of the employer

 Company name

 Street / No.

 Post code / Place

 Employment rate (%)

 Canton / country of work

 As of (date)

Does your second employment pay you a higher salary than your first ? yes no

Information regarding the other parent

Spouse Former spouse Common-law spouse Registered partner _____
 Other

 Surname / First name

Ms. Mr.

Private address

 Street / No.

 Post code / Place

Has your work or family situation changed during the past year ?

yes no

If yes, which one and when ?

Date Reason

Date Reason

Children for whom the allowance is requested

Surname and first name	Date of birth	Each child's address <small>> if different from that of the claimant</small>	Child's income in his / her own right <small>> salary, annuities, daily benefits, income from assets</small>	Is the child ?				
				from the marriage	from a former marriage	out of wedlock	a child of the spouse	a foster or an adopted child
Child's NSS no. <small>> see the Swiss health insurance card</small>	Sex <input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> M <input type="checkbox"/> F		CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The allowance is requested as of (date):

Reasons

The undersigned certifies that he / she has replied accurately and fully to all the above questions. He / she recognises the compensation fund's right to claim the refund of unduly paid allowances.

Place and date

Signature

To be filled in by the employer

Concerned Year	Claimant's time worked			Absence			End of employment relationship
	Full time	Part time > please fill in just one column		Illness	Accident	No. days	
		No. hours	No. days				
January	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
February	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
March	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
April	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
May	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
June	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
July	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
August	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
September	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
October	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
November	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
December	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

The employer certifies that he / she has employed him / her from (date) to > if applicable

Place of work (canton)
 Rate (%)
 Type of permit > if a foreigner
 Gross monthly salary

Place and date
 Stamp and signature

Enclose with your application :

- copy of ID card or residence permit ;
- copy of residence permit for non-EU nationals ;
- certificate of payment or an E411 form in favour of the spouse from the foreign entity, detailed per child and per month, including only the exportable items before deductions ;
- for all first applications to our Compensation Fund, a copy of the family record book (spouse and children pages or equivalent official documents) ;
- in case of separation, a copy of the separation agreement (parental authority, custody and date) ;
- in case of divorce, a copy of the divorce decree (parental authority, custody and date) ;
- for children from 16 to 25 years of age, a certificate from an education establishment mentioning the number of hours of study and covering the period for which the differential allowance is requested ;
- for children from 16 to 25 years of age, apprenticeship contracts certified by the competent entity.