CVCI Caisse AVS

Do not forget to sign. Make sure all enclosures are attached !

Application for family allowances for a salaried employee
(paid by the compensation fund)

Employer

Affiliate number

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

Is your salary higher than that of the child's other parent ? ☐ yes ☐ no
> in certain cases, the person with the higher salary receives the allowance

Do you have a second employer ? ☐ yes ☐ no

If yes, name of 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

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Information regarding the other parent

☐ Spouse ☐ Former spouse ☐ Common-law spouse ☐ Registered partner ☐ Other

Surname / First name ☐ Ms. ☐ Mr.

Private adress

Street / No. Post code / Place

NSS no. > if known 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)

Employment status

☐ Employee ☐ Without gainful employment ☐ Unemployed

☐ Self-employed ☐ Self-employed farmer

As of (date) Employment rate (%) Canton / country of work

If you have an employee's salary or equivalent (daily sickness / disablement benefits, paid holidays, a progressive pre-retirement pension, remunerated vocational training) :

Employer's name

Company name Street / No. Post Code / Place

Do you have a second employer ? ☐ yes ☐ no

If yes, name of employer

Company name Street / No. Post code / Place

Employment rate (%) Canton / country of work As of (date)

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Children for whom the allowance is requested

Surname and first name **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	**Child's income in his / her own right** > salary, annuities, daily benefits, income from assets	**Is the child ?**				
				from the marriage	from a former marriage	out of wedlock	a child of the spouse	a foster or an adopted child
			CHF	☐	☐	☐	☐	☐
	☐ M ☐ F							
			CHF	☐	☐	☐	☐	☐
	☐ M ☐ F							
			CHF	☐	☐	☐	☐	☐
	☐ M ☐ F							
			CHF	☐	☐	☐	☐	☐
	☐ M ☐ F							

If you are claiming the birth allowance

Was the mother domiciled in Switzerland during the 9-month period prior to the birth ? ☐ yes ☐ no

The allowance is requested as of (date) : _____

Reasons

_____

Must be paid to :

_____ _____

Name of bank (private account) (in Switzerland) or private postal account no. (in Switzerland)

Bank account no. IBAN _____ _____ _____ _____

Holder

_____ _____ _____

Surname / First name Street / No. Post code / Place

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

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To be filled in by the employer

The employer certifies that he / she has employed him / her

from (date) _____ to > if applicable _____

Canton / country of work _____ Employment rate (%) _____ Monthly salary _____

Type of permit > if a foreigner

☐ A (seasonal) ☐ B (residence) ☐ C (permanent residence) ☐ F (provisional)

☐ G (border resident) ☐ N (asylum seeker) ☐ L (short stay)

Place and date _____ Stamp and signature _____

Applications will not be taken into consideration unless accompanied by the supporting documents requested. In some cases, the compensation fund may request additional information and / or documents.

Supporting documents to be enclosed (photocopies)

The following must be included with each application for family allowances :

In all cases :

☐ family record book or full family certificate ; failing this, the marriage certificate and the children's birth certificates ;

☐ for foreigners (except permit C holders) : the record books for foreigners or a recent certificate of the place of residence **for the whole family** issued by the resident registration office (contrôle des habitants) ;

☐ for children domiciled outside Switzerland, an attestation of non-payment of family allowance in the country of domicile.

In the case of unemployment :

☐ copy of the most recent statement of unemployment benefits.

In the case of separation or divorce :

☐ copy of judiciary measures indicating the date and to whom parental authority and custody of the children was granted.

For the children of unmarried parents :

☐ certificate of recognition, if applicable ;

☐ parental authority agreement, if applicable.

For children from 16 to 20 years of age unable to work due to an illness, accident or disability :

☐ certificate attesting to the child's incapacity to work or a disability insurance (AI) decision.

For children up to 25 years of age, students or apprentices :

☐ certificate from the education establishment indicating the period of studies ;

☐ apprenticeship contract ;

☐ work experience certificate indicating the monthly salary and the period of work.