

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 > 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 ?				
	Sex			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. > see the Swiss health insurance card								
	☐ M ☐ F		CHF	☐	☐	☐	☐	☐
	☐ M ☐ F		CHF	☐	☐	☐	☐	☐
	☐ M ☐ F		CHF	☐	☐	☐	☐	☐
	☐ M ☐ F		CHF	☐	☐	☐	☐	☐
	☐ M ☐ F		CHF	☐	☐	☐	☐	☐

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	Per cent				
January	☐				☐	☐		
February	☐				☐	☐		
March	☐				☐	☐		
April	☐				☐	☐		
May	☐				☐	☐		
June	☐				☐	☐		
July	☐				☐	☐		
August	☐				☐	☐		
September	☐				☐	☐		
October	☐				☐	☐		
November	☐				☐	☐		
December	☐				☐	☐		

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

_____ from (date) _____ to > if applicable

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

_____ 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.