CVCI Caisse AVS

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

Application for differential allowance
(paid by the compensation fund)

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 adress

Street / No. | Post code / Place

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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 **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							

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

Concerned Year	Claimant's time worked				Absence			End of employment relationship
		Part time > please fill in just one column						
	Full time	No. hours	No. days	Per cent	Illness	Accident	No. days	
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 > 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.