

## Application for family allowances

### 1. Applicant

Last name		First name		Date of birth	
Social security no. (13 positions)		Gender <input type="checkbox"/> male <input type="checkbox"/> female	Nationality		Asylum Seeker <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> on concubinage <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership					
Address: street / no.		Postal code / city		country	
Reachable under (phone or e-mail)			Date as of when you are claiming family allowances		

#### 1.1 Questions to the applicant

Are you gainfully employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which canton do you balance the AVS- contributions?	annual salary (AVS)
Are you in maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when? (date)	expected until? (date)
Are you currently unable to work due to sickness/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you currently unable to work due to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you permanently unable to work due to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when? (date)	To what percent?

#### 1.2 Information to the employer

Name company				
Address: street / no.		Postal code / city		Reachable under (phone or e-mail)
Employed since / to	percent	Place of work (canton)	Prospective AVS annual salary	

#### Please fill in, as long as there are further employers

Name company				
Address: street / no.		Postal code / city		Reachable under (phone or e-mail)
Employed since / to	percent	Place of work (canton)	Prospective AVS annual salary	



### 3. Divorced or separate parent

Last name		First name		Date of birth	
Social security no. (13 positions)		Gender <input type="checkbox"/> male <input type="checkbox"/> female		Nationality	
Asylum Seeker <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> on concubinage <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> dissolved partnership					
Address: street / no.			Postal code / city		country
Reachable under (phone or e-mail)					
Biological father/mother of children <input type="checkbox"/> Yes <input type="checkbox"/> No		Stepfather / stepmother of children <input type="checkbox"/> Yes <input type="checkbox"/> No		Foster father / foster mother of children <input type="checkbox"/> Yes <input type="checkbox"/> No (provided that you are mainly responsible for the maintenance of the children)	
Are you physical father / mother or stepfather / mother or foster father / mother of all children in section 4? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, only applies to children of the lines.....up to.....in section 4					

#### 3.1 Questions to the divorced or separate parent

Are you gainfully employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which canton do you balance the AVS-contributions?	AVS annual salary in relation to other parent <input type="checkbox"/> higher <input type="checkbox"/> lower
Are you in maternity leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when? (date)	expected until? (date)
Are you currently unable to work due to sickness / illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you currently unable to work due to accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, since when? (date)
Are you permanently unable to work due to disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when? (date)	To what percent?

#### 3.2 Information to the employer

Name company			
Address: street / no.		Postal code / city	
Reachable under (phone or e-mail)			
Employed since / to	percent	Place of work (canton)	AVS annual salary in relation to other parent <input type="checkbox"/> higher <input type="checkbox"/> lower

#### Please fill in, as long as there are further employers

Name company			
Address: street / no.		Postal code / city	
Reachable under (phone or e-mail)			
Employed since / to	percent	Place of work (canton)	AVS annual salary in relation to other parent <input type="checkbox"/> higher <input type="checkbox"/> lower



## 4. Children

Child	Last name	First name	Date of birth	m / f	Is living in your household ?		In relation of the applicant person to the child				Unable to work Yes
					Yes	No**	P*	A*	S*	F*	
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* P = physical child, A = adopted child, S = stepchild, F = foster-child

\*\*No = If the child does not live in the applicant's household, please complete the address in the table below.

### Additional information for a child in education

Child	Type of education					Annual salary	Address of the child (Str. / no. / postal code / city / country)
	P♦	S♦	A♦	I♦	U♦		
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

♦ P = pupils, S = student, A = apprentice, I = intern/trainee, U = unable to work

## 5. Important notes / Confirmation (of the informations)

### Important notes

- Only application forms completed in full and submitted together with all the required documentation in one of Switzerland's official languages or in English can be processed.
- Any child benefit paid out before the relevant benefit confirmation has been granted is at the employer's own risk.

### The signatories hereby confirm that they

- have filled out the application truthfully,
- have taken note of the fact that only one allowance can be received for each child,
- can make themselves liable to prosecution by providing false information or failing to disclose certain information,
- must pay back any benefit claimed wrongly,
- undertake to immediately inform the employer/Family Allowance Office of any changes that could influence allowance eligibility (e. g. change of marital status, number of children and their place of residence, terms of employment).

City and date

Signature of the applicant

### The employer confirm that they have filled out the application truthfully.

City and date

Stamp and signature of the employer



## Documents to be enclosed

### Beilagen zur Anmeldung

For children 16 years and older: Für Kinder über 16 Jahre:	Recent confirmation of education/training, doctor's certificate if unable to work Aktuelle Ausbildungsbestätigung / Ärztliches Zeugnis bei Erwerbsunfähigkeit
All: Alle:	Copy of the family booklet (parents and births) or copies of the children's birth certificates and marriage certificate Kopie des Familienbüchleins (Eltern u. Geburten) oder der Geburtsscheine der Kinder und Eheschein
Foreigners : Ausländer:	Parents and children: residence permit and information on entitlement to family benefits in EU/EFTA member state of residence (form E411). Certified translations are required of all documents not written in one of Switzerland's official languages or in English.  Eltern u. Kinder: Ausländerausweis; Aktuelle Bestätigung des zuständigen Amtes für Familienzulagen / Kindergeld im EU / EFTA Wohnstaat der Kinder (E411) Dokumente, welche nicht in einer Schweizer Landessprache oder in Englisch verfasst sind, müssen von einem anerkannten Übersetzer übersetzt werden.
Unmarried persons: Ledige Personen:	Paternity acknowledgement, child maintenance agreement and declaration about joint parental care (if available) Vaterschaftsanerkennung, Unterhaltsvertrag und Erklärung über die gemeinsame elterliche Sorge (falls vorhanden)
Divorced or separated persons: Geschiedene oder getrennte Personen:	Excerpt from the divorce or separation decree concerning right of custody Auszug aus dem Scheidungs- bzw. Trennungsurteil betreffend Sorge- und Obhutsrecht

### **Important notes / Wichtige Hinweise**

**Only application forms completed in full and submitted together with all the required documentation in one of Switzerland's official languages can be processed.**

**Nur vollständig ausgefüllte Anmeldungen mit allen Dokumenten / Beilagen in einer Schweizer Amtssprache können verarbeitet werden.**

## Fragen

Bei Fragen steht Ihnen unser Team der Familienausgleichskasse Basler KMU gerne unter der Telefonnummer 061 227 50 71 oder per E-Mail unter [info@fak-basel.ch](mailto:info@fak-basel.ch) zur Verfügung.