

## Application for family allowances

SVA Schwyz  
Postfach  
6431 Schwyz

- ☐ Employee  
☐ Self-employed person  
☐ Not gainfully employed person

For difference allowances, please use the appropriate form.

- ☐ Application for unique birth allowance

### 1 Employer

|                |       |                |       |
|----------------|-------|----------------|-------|
| Name / company | _____ | Account no.    | _____ |
| Address        | _____ | Contact person | _____ |
| Post Box       | _____ | Phone          | _____ |
| ZIP / city     | _____ | E-mail         | _____ |

### 2 Applicant

☐ female      ☐ male

Insurance no. 

|   |   |   |   |  |  |  |  |   |  |  |  |  |   |  |  |
|---|---|---|---|--|--|--|--|---|--|--|--|--|---|--|--|
| 7 | 5 | 6 | . |  |  |  |  | . |  |  |  |  | . |  |  |
|---|---|---|---|--|--|--|--|---|--|--|--|--|---|--|--|

Surname \_\_\_\_\_ Civil status: since \_\_\_\_\_

First name \_\_\_\_\_ ☐ single      ☐ married      ☐ registered civil partnership

Address \_\_\_\_\_ ☐ widowed      ☐ separated      ☐ divorced

ZIP / city \_\_\_\_\_ Date of birth \_\_\_\_\_

Resident in municipality since \_\_\_\_\_ Main job \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Nationality \_\_\_\_\_ Foreigners: \_\_\_\_\_ Date of entry \_\_\_\_\_

Permit for stay      ☐ B    ☐ C    ☐ Ci    ☐ G    ☐ L    ☐ F    ☐ N    ☐ S

Were you already working before this application?

☐ yes (name / address employer): \_\_\_\_\_

☐ no, because (reason): \_\_\_\_\_

Date as of when you are claiming for family allowances? \_\_\_\_\_

Were family allowances already been received so far?      ☐ yes      ☐ no

If yes, who has been receiving family allowances? \_\_\_\_\_

Until when the family allowances were received? \_\_\_\_\_

### 3a Legitimate children (for children listed here, please go directly to paragraph 6)

| Surname / first name | Date of birth | Ongoing education*                                       | Where does the child live?** |                 |
|----------------------|---------------|----------------------------------------------------------|------------------------------|-----------------|
|                      |               |                                                          | CH: Canton                   | Foreign country |
| 1. _____             | _____         | <input type="checkbox"/> yes <input type="checkbox"/> no | _____                        | _____           |
| 2. _____             | _____         | <input type="checkbox"/> yes <input type="checkbox"/> no | _____                        | _____           |
| 3. _____             | _____         | <input type="checkbox"/> yes <input type="checkbox"/> no | _____                        | _____           |
| 4. _____             | _____         | <input type="checkbox"/> yes <input type="checkbox"/> no | _____                        | _____           |
| 5. _____             | _____         | <input type="checkbox"/> yes <input type="checkbox"/> no | _____                        | _____           |

\* Children after completion of their 16th year, who are in training, a confirmation (indenture, school confirmation, enrolment receipt) must be included.  
You are not eligible for family allowances, if the child's income exceeds 30'240 a year.

\*\* For children who are living abroad, please state their country of residence (in addition, fill in paragraph 6).



## 6 Children living abroad

If the child, a parent, spouse, foster-parent or stepparent is living abroad, a confirmation of the children's residence must be submitted along with the family documents and a confirmation of child's residence. Please note that if the children reside in an EU/EFTA country, we will need to make an inquiry with the foreign authority. This may result in a longer processing time.

Does a parent, spouse, foster-parent or stepparent live abroad? ☐ yes ☐ no

Ist this parent working abroad? ☐ yes ☐ no

If so, employer's address \_\_\_\_\_

If no, current status (housewife, unemployed, ill, invalidity etc.) \_\_\_\_\_

Are there already some family allowances receiving by foreign legislation? ☐ yes ☐ no

Remarks: \_\_\_\_\_

## 7 Information on claim reviews and income

- a) If both parents are employed in the child's residence canton, the person with the higher AVS-compulsory salary is eligible to claim allowances.
- b) If you are part-time employed by several employers, the family allowances are paid by the employer by which the highest AVS-compulsory salary is paid.
- c) If you are self-employed, it is the AVS-compulsory income which is required to calculate a claim. If you are not gainfully employed, the taxable income is required.

Therefore we need information from both parents:

|                                                                    | Applicant                                          | Other parent      |
|--------------------------------------------------------------------|----------------------------------------------------|-------------------|
|                                                                    |                                                    | Surname .....     |
|                                                                    |                                                    | First Name .....  |
|                                                                    |                                                    | Ins.no. 756. .... |
| <input type="checkbox"/> employed                                  | canton: .....                                      | .....             |
|                                                                    | employer: .....                                    | .....             |
|                                                                    | AVS-compulsory salary: Fr. ....                    | Fr. ....          |
| <input type="checkbox"/> self-employed:                            | canton: .....                                      | .....             |
|                                                                    | income: Fr. ....                                   | Fr. ....          |
| <input type="checkbox"/> self-employed in the agricultural sector: | canton: .....                                      | .....             |
|                                                                    | income: Fr. ....                                   | Fr. ....          |
| <input type="checkbox"/> unemployed:                               | canton: .....                                      | .....             |
|                                                                    | paying agent: .....                                | .....             |
| <input type="checkbox"/> not gainfully employed                    | canton: .....                                      | .....             |
|                                                                    | taxable income (direct federal taxation): Fr. .... | Fr. ....          |
| <input type="checkbox"/> housewife / house husband                 | canton: .....                                      | .....             |

Do you have to forward the allowances to a person or a public office? ☐ yes ☐ no

If so, which one? (please attach declaration of assignment) \_\_\_\_\_

## 8 Remarks

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## 9 Confirmation of the applicant

The undersigned person certifies that all the information given in this application is true and complete and notes, that

- only one allowance can be received for one child,
- in case of negligence or abuse, the family allowances compensation office is able to take legal action,
- allowances paid on the basis of false information or concealment of facts will have to be returned and
- if there are changes which could influence the entitlement to allowances (eg. change of civil status, number of children and their place of residence, terms of employment), the family allowances compensation office has to be informed immediately.

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Date and place

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Applicant's signature

## 10 Confirmation of the applicant's employer

The employee is employed in our company since (day / month / year): \_\_\_\_\_

The employment contract is ☐ unlimited ☐ limited in time until \_\_\_\_\_

The working relationship is

☐ full time ☐ part-time \_\_\_\_\_ % workload

The AVS-compulsory annual salary is higher than Fr. 7'560 ☐ yes ☐ no

Remarks: \_\_\_\_\_

The undersigned employer certifies that all the information given in this application is true and complete. The undersigned employer does take notice that in case of negligence or abuse, the family allowance compensation office is able to take legal action.

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Date and Place

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Employer's signature

## 11 Enclosers (as copies and in german)

- ☐ For children, older than 16: training confirmation (eg. school confirmation, apprenticeship confirmation, enrolment receipt etc.).
- ☐ For children with an income higher than **Fr. 30'240** per year: salary statement, account of daily allowances as well as daily allowances for sickness and insurance.
- ☐ For children of foreign nationals residing in Switzerland: family documents (family book / birth certificate), permit for stay or identity card.
- ☐ For children, parents, spouses, foster-parents or stepparents living abroad: children's birth certificates, family documents, confirmation of residence, confirmation of alimony (if parents are divorced or separated).
- ☐ For children of unmarried parents: acknowledgment of paternity, agreement on joint parental custody.
- ☐ For children of separated living parents: separation ruling.
- ☐ For children of divorced parents: divorce decree.
- ☐ For children in foster families: officially certified maintenance agreement or other confirmation of care ratio.
- ☐ Not gainfully employed people: latest tax declaration.