



Important: This application must be completed fully, signed and returned with the documents as indicated on page 3, otherwise, the application will not be handled by our e-services.

I. APPLICANT DATA			
Insured number - No. AVS: 756.			
Name:		Surname:	
Date of Birth:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Nationality: in Switzerland since:	
Civil Status (bachelor, married, separated, divorced, under registered partnership, widowed): since:			
Permit: valid from:		Desired Contact Language: <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Italian	
Address (Street/No.):			
Postcode:	Place:	Country:	
Phone:		Email:	
II. CURRENT EMPLOYER			
Affiliated No.: -		Corporate Name:	
Place of Work (Street/No./Postcode/Place):			
Canton:	Hiring Date:	End of Contract Date:	
Salary: above 630.-/month: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Work on Call/irregular			
The employer certifies being the main employer of the applicant and commits himself to inform us of any change related to his employee as quickly as possible.			
Place and date:		Employer Signature and Stamp:	
III. APPLICANT'S SUPPLEMENTARY INFORMATION			
Last family allowances received by			
<input type="checkbox"/> the applicant <input type="checkbox"/> the spouse <input type="checkbox"/> other:		<input type="checkbox"/> pending <input type="checkbox"/> up to: Country/Canton:	
IV. APPLICANT'S PREVIOUS EMPLOYER			
Employer's Corporate Name:		End of Contract Date:	
Place of Work (Street/No./Postcode/Place):			
V. SPOUSE/PARTNER DATA (to fill in only if the applicant lives in a common law household)			
Name:		Surname:	
Date of Birth:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M	No. AVS: 756.	
Nationality: in Switzerland since:		Permit: valid since:	
Civil Status (bachelor, married, separated, divorced, under registered partnership, widowed): since:			
Address (Street/No./Postcode/Place):			
Phone:		Email:	
<input type="checkbox"/> Employed <input type="checkbox"/> Independant <input type="checkbox"/> Unemployed <input type="checkbox"/> Annuitant <input type="checkbox"/> Sick/Injured <input type="checkbox"/> Inactive since: Up to (when applicable):			
Employer's or Independant's Corporate Name:		Is his/her salary lower than the applicant's one: <input type="checkbox"/> yes <input type="checkbox"/> no	
Place of Work (Street/No./Postcode/Place):			



VI. CHILDREN DATA

Children under 16 - Children under 25 in apprenticeship or studying - Children under 20 without for profit activity due to sickness or disability

<ul style="list-style-type: none"> Children's Names and Surnames No. AVS: (you will find it on children's health insurance card) 	Birth Date	Kinship with the applicant						Address where the child mostly lives (if different from the applicant's address)
		From curr. wedding	From prev. wedding	Outside wedding	From Spouse	Adopted or Fostered		
1. No. AVS: 756.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. No. AVS: 756.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. No. AVS: 756.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. No. AVS: 756.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. No. AVS: 756.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. No. AVS: 756.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. OTHER PARENT (to fill in only if different from the current spouse/partner or if the applicant lives alone)

Children in question: All or Child 1 Child 2 Child 3 Child 4 Child 5 Child 6

Name: _____ Surname: _____

Date of Birth: _____ Sex: F M No. AVS: 756.

Nationality: _____ in Switzerland since: _____ Permit: _____ valid from: _____

Civil Status (bachelor, married, separated, divorced, under registered partnership, widowed): _____ since: _____

Address (Street/No./Postcode/Place): _____

Employed Independant Unemployed Annuitant Sick/Injured Inactive since: _____ Up to (when applicable): _____

Employer's or Independant's Corporate Name: _____

Place of Work (Street/No./Postcode/Place): _____

Why can't this parent collect the family allowances: Without for profit activity Does not have the parental authority
 Mostly does not live with the child Others: _____

Comments/Supplementary Information: _____

The undersigned certifies having answered all questions in a exhaustive and truthful manner to and acknowledges without reservation the ability of the fund to search after him in case of unduly received family allowances.

The applicant signing herein undertakes to inform us immediately in case of any change in the family or for profit activity, which might modify her/his right to receive family allowances.

Place and Date: _____ Applicant's Signature: _____



RULES AND STEPS TO FOLLOW

Please carefully append all required documents to allow your request to be handled.

This family allowances application can be deposited only within a single Fund, except for the intercantonal differential, which application will be submitted via the appropriate form by the non-priority beneficial owner.

All our forms are available to our customers on our Website (www.cifa.ch). The requests must be deposited in the succession order such as determined by the federal law on family allowances, primarily through:

1. the person exercising a for profit activity
2. the person holding the parental authority
3. the person living mostly with the child
4. the person working in the canton of residence of the child
5. the person perceiving the highest AVS imposed salary income
6. the person perceiving the highest AVS imposed self-employed income

The request's underwriters undertakes to inform us immediately of any change in the family or the for profit situation susceptible to modify the right to receive family allowances (relocating, marriage, factual or official separation, divorce, new birth, employer's or percentage of activity's change, sickness or accident).

Any omission of information generating a change in the right to receive benefits which will lead to wrongly perceived allowances will imply a restitution request.

By stamping and signing the form, the employers officially validate their employee's application and commit themselves to inform us of any change related to him, among other in case of termination of work contract.

This will allow us to manage the files efficiently and to limit any additional elements' and documents request.

DOCUMENTS REQUIRED FOR HANDLING REQUEST

1. Beneficiary domiciled in Switzerland:

- Copy of the family leaflet or the family certificate
- Copy of the studies certificates for children above 16 years old

When needed:

- Copy of the separation or divorce judgment – pages mentioning the guardianship, the exercise of the parental authority and children's residence
- Copy of acknowledgement deeds, adoption or placement for adoption judgements

2. Beneficiary domiciled abroad:

- Copy of the family leaflet or children birth certificates and marriage certificate
- Copy of children's or other parent's residence permit
- Certificate of the family allowances
- Copy of the studies certificates for children above 16 years old

When needed:

- Copy of the separation or divorce judgment (convention included)
- Copy of acknowledgement deeds, adoption or placement for adoption judgements

ANY QUESTION?

You may contact us by email or by phone:

- allocationsfamiliales@cifa.ch
- 026 552 66 60