

Application for Child Benefit and Family Allowance

Please note that your application will be accepted only if fully completed and if you have provided all supporting documents

1. Employer Details

Name University of Basel		Accounting Number 398200	
Address	Contact details	Telephone, E-Mail, etc.	Place of Employment/Canton
Employed since/until	Is your AHV-liable annual salary higher than CHF 7'560?		
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be determined (please enclose a copy of your first salary statement)		

2. Applicant Details

Surname, First Name		National Insurance Number (AHV-No.)	
Date of Birth	Sex	Nationality	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced		
Since (Date)	<input type="checkbox"/> Widowed <input type="checkbox"/> Registered civil partnership <input type="checkbox"/> Dissolved civil partnership		
Street, No.	Postal Code, Town, Canton	Contact details (Telephone, E-Mail, etc.)	
When did you start receiving benefits? (Date)		<input type="text"/>	
Are you receiving IV-, ALV-, UVG-, KTG-, MSE-benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, since when <input type="text"/>	
If yes, please give the name of the benefit and paying office:			
Other employers (at the time of applying for benefits)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving a higher salary from another employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of your other employer	Contact person	Contact details (Telephone, E-Mail, etc.)	Town/Canton
.....			

Please enclose written confirmation from your other employer, either to certify that you are not receiving any child benefit from that employer or to give details of the benefits you are receiving for each child per year.

3. Details of Your Current Partner (living in the same household)

If your current partner is not the parent of your child/children, please also complete Section 4 below.

Surname, First Name		National Insurance Number (AHV-No.)	
Date of Birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Sex	Nationality
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced		
Since (Date)	<input type="checkbox"/> Widowed <input type="checkbox"/> Registered civil partnership <input type="checkbox"/> Dissolved civil partnership		
Street, No.		Postal Code, Town, Canton	Contact details (Telephone, E-Mail, etc.)
Is your partner receiving IV-, ALV-, UVG-, KTG-, MSE-benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Since (Date) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
If yes, please give the name of the benefit and paying office?			
Is your partner employed or self-employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Town/Canton <input type="text" value=""/> / <input type="text" value=""/>
Employed		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Employer (Name, address, telephone number)		
Self-employed		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Name of the compensation office and canton		
Which AHV-liable annual salary* is higher?		<input type="checkbox"/> Applicant's salary	<input type="checkbox"/> Salary of current partner (Section 3)
* if this is higher than CHF 7'350 per annum			
Date		Signature of your current partner	
		X	

4. Details of Other Parent (living in a separate household)

Surname, First Name		National Insurance Number (AHV-No.)	
Date of Birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Sex	Nationality
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced		
Since (Date)	<input type="checkbox"/> Widowed <input type="checkbox"/> Registered civil partnership <input type="checkbox"/> Dissolved civil partnership		
Street, No.		Postal Code, Town, Canton	Contact details (Telephone, E-Mail, etc.)
Is your partner receiving IV-, ALV-, UVG-, KTG-, MSE-benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Since (Date) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>			
If yes, please give the name of the benefit and paying office?			
Is your partner employed or self-employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Town/Canton <input type="text" value=""/> / <input type="text" value=""/>
Employed		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Employer (Name, address, telephone number)		
Self-employed		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, since when <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
Name of the compensation office and canton		
Which AHV-liable annual salary* is higher?		<input type="checkbox"/> Applicant's salary	<input type="checkbox"/> Salary of other parent (Section 4)
* if this is higher than CHF 7'350 per annum			
Date		Signature of other partner	
		X	

5. Child(ren) Up to the Age of 25

Please give only the names of those children you wish to claim for and that are under the age of 25.

Child	Surname	First name(s)	Date of birth	M/F	Living in your household		How is the child related to the applicant?						
					Yes	No**	B*	A*	S*	P*	S*	G*	
1													
2													
3													
4													
5													

*B = Biological child, A = Adopted child, S = Step-child, P = Foster child, S = Sibling, G = Grandchild

** No = If the child is not living with the applicant in the same household, please give the address where it is living in the table below

Additional details of any child over the age of 15 and/or if a child is not living with the applicant in the same household

Child	Education				Annual income or unemployment benefit	Where is the child living? (official place of residence)	Unable to work	
	Beginning	End	Type	Place of education			Yes	No
1								
2								
3								
4								
5								

*Annual salary for child over the age of 15 in CHF

Children whose parents are unmarried or divorced: please give the name of the person who has legal custody of the child

Child	Surname and first name of child	Legal custodian/guardian: Surname, first name, national insurance number (AHV-No.), date of birth
1		
2		
3		
4		
5		

6. Other details

Has any other person received / Is any other person receiving child benefit or any other allowance for any child mentioned in Section 5? Yes No
(e.g. education allowance, care allowance, daily unemployment allowance, disability insurance benefits etc.)

Please enclose written confirmation from the child benefit / family allowance office or employer.

Are you (as the applicant) or any other person receiving other social welfare benefits for any child mentioned in Section 5 Yes No
(e.g. maintenance allowance, household allowance, other family allowances) from employers, unemployment or welfare offices, compensation offices, or other institutions (e.g. German Familienkasse or Landeskreditbank or the French Caisse d'Allocations Familiales)

Please enclose written confirmation as applicable.

7. Supporting Documents

Please enclose copies of the supporting documents listed below. Documents written in a language other than one of the national languages of Switzerland must be translated and certified as true and correct by a recognised translator. Documents should not be older than 12 months.

All applicants:

- Copies of family record book (parents and children) or birth certificates/recognition of parentage and marriage certificate
- Written confirmation from any other benefit office (ALV, UVG, KTG, IV etc.) paying benefits to any party to this application

Foreign nationals:

- Parents: Valid foreign national ID card
- Children: Foreign national ID card

Divorced or separated persons:

- Please provide a copy of the excerpt from the divorce or separation ruling concerning child custody (court order)

Single parents:

- If available, please enclose a copy of the child maintenance agreement and official confirmation of the child custody arrangement (provided that such an arrangements exists)

For children aged 16–25:

Valid proof of education or training/medical certificate of inability to work:

- Apprenticeship training agreement (from 2nd year, please provide an up-to-date confirmation from the employer/training company)
- Written confirmation from school or college attended
- Work placement/internship agreement (valid only if the placement is required for admission to further studies or it concludes such studies)
- In case of accident or illness, please provide an original copy of the medical certificate
- Invalidity insurance (IV) ruling; if not (yet) available, a copy of the original medical certificate should be provided

Children living abroad:

- Valid certificate of residence issued by foreign authority
- Valid confirmation (issued by responsible foreign authority) of child benefit received in the child's country of residence
- Valid confirmation issued by the office responsible for the education allowance and/or care allowance

Date, Signature of Applicant

X

Date, Stamp, Signature of Employer

X

8. Important Information/Application Confirmation

Please note

Please note that your application form will be accepted only if fully completed and if you have provided all supporting documents.

Data protection: We shall treat all information and personal data as confidential. The information provided on this application form will be used solely for establishing your eligibility for child benefit.

Payment of family allowances before receipt of the relevant decision on allowances taken by the family compensation fund is made at the employer's risk. Please read the information leaflets.

The applicants and any other persons signing this form (Sections 3 and/or 4) hereby confirm

- that the information provided here is true and correct,
- that have taken note of the fact that full benefits may be claimed for one child only
- that any person providing false information or the omission of fact may be subject to prosecution,
- that any benefits received unduly must be paid back,
- that they shall notify their employer of any change in family circumstances that may affect their benefit claim

Abbreviations

IV	Invalidity Insurance
ALV	Unemployment Insurance
UVG	Daily allowance insurance in case of accident
KTG	Daily allowance insurance in case of illness
MSE	Maternity benefit

Please return all documents to:

University of Basel
HR Shared Services
Steinengraben 5, Postfach
4001 Basel, Schweiz

For University of Basel Staff

Please note that the "Application for Family Allowance" is also an application for maintenance allowance.

To establish whether you are eligible for child benefit or a maintenance allowance, University of Basel staff are required to submit the following documents in addition to those mentioned on the previous page:

Please enclose copies of the supporting documents listed below. Documents written in a language other than one of the national languages of Switzerland must be translated and certified as true and correct by a recognised translator. Documents should not be older than 12 months.

- Copy of the benefit decision from the family allowance office
 - Written confirmation from the employer of the other parent that child benefits / no benefits are being received provided that the other parent is employed.
- Please use the form on the next page to provide employer confirmation.***
1. Staff who are only entitled to be secondary claimants under the Family Allowances Act, that is, in cases where another parent must apply for family allowance, are eligible for a differential allowance. No more than the difference to the sum they would be entitled to receive as primary claimants shall be paid.
 2. Family allowances are graded according to job percentages. Full allowances may be claimed by staff employed at least 50%; single parents must be employed at least 25% to be eligible for a full allowance. Staff employed less than 50%/25% shall receive allowances reduced accordingly.
 3. Family allowance is graded according to the number of children. Child benefits paid by third parties, such as the employer(s) of the other parent, family allowance offices, institutions, etc., are credited to the benefit claim
 4. Staff taking an unpaid leave of absence shall receive family allowance and maintenance payments during the current month and for the following three months.

Please return all documents to:

**University of Basel
HR Shared Services
Steinengraben 5, Postfach
4001 Basel, Schweiz**

University of Basel Child Benefit Application

Applicant

Employer Confirmation of Other Parent

Surname and first name of other parent

Address

Receiving no child benefit
 Receiving child benefit
 Since (Date) CHF per month Euro per month x 12 x 13 x 14

 Receiving no maintenance allowance
 Receiving maintenance allowance or other family allowance (household allowance, child-related cost-of-living allowance etc.)
 Since (Date) CHF per month Euro per month x 12 x 13 x 14

For the children listed here:

Child	Surname and first name of child	Date of birth
1		
2		
3		
4		
5		
6		

Date **Stamp and signature of employer**

X

Remarks
