

Supplement to “Family allowance application form”

Applicant

Last name		First name		Social security no. (13-digit AHV no.)	
Date of birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality	
Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership** <input type="checkbox"/> partnership dissolved**				Since (date)	
Address: street/no.		Postal code, town		Since (date)	
Do you receive IV, ALV, UVG, KTG or MSE benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the above and from whom?					
In employment? If yes, please indicate the employer's name, address and telephone number.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Since (date) Until (date)	
Canton of work					
Registered in a compensation fund as being self-employed (SE) or unemployed (UN)? <input type="checkbox"/> SE <input type="checkbox"/> UN		Since (date)		Who is expected to earn the higher income? <input type="checkbox"/> Applicant <input type="checkbox"/> Actual partner	

IV disability insurance
 ALV unemployment insurance
 UVG daily allowance in the event of accident
 KTG daily allowance in the event of illness
 MSE maternity allowance

** same-sex partnership