PROMEA Familienausgleichskasse
Baslerstrasse 60, 8048 Zürich
Tel. 044 738 53 24, fak-eo@promea.ch
www.promea.ch

Supplement to “Family allowance application form”

Applicant

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

Explanations of Abbreviations

*IV	disability insurance	**same-sex partnership
ALV	unemployment insurance	
UVG	daily allowance in the event of accident	
KTG	daily allowance in the event of illness	
MSE	maternity allowance	