PROMEA Familienausgleichskasse
Baslerstrasse 60, 8048 Zurich
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	Nationality	Contact details (phone and/or e-mail)
	☐ Male ☐ Female		

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)? — Since (date)
☐ SE ☐ UN

Who is expected to earn the higher income?
☐ Applicant
☐ 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