

Supplementary Paternity Allowance Application Form



A Personal details of the father or the mother's wife

1.1 Last name

including name prior to marriage / registered partnership

1.2 All first names

given name in capitals

1.3 Date of birth

dd, mm, yyyy

1.4 Social Security Number

13 digits, enter number without dots or spaces.

You can find your Social Security number also on your swiss health insurance card.

1.5 Address

Street, number

Postcode, town

Phone / Mobile

E-mail

B Salary details

Please provide details of the last salary subject to OASI contributions paid to the employee (m/f) prior to the birth of the child.

Is this salary paid regularly?

- yes
 no

Questions **a)** to **e)** and **g)** to **l)**

Table **f)** and questions **g)** to **l)**

Questions a) to e)

a) Last monthly salary subject to AHV contributions

x12 x13

b) Hourly wage (excl. 13th salary and holiday compensation)

Hours worked / week

c) Other earnings: salary subject to AHV contributions of the last four weeks

d) Wages in kind (food and accommodation) or total salary (for family co-workers)

Hour Month 4 weeks Year

e) Other forms of remuneration (bonuses, commission, tips, pro-rata amount of 13th salary for hourly wage, etc.)

Hour Month 4 weeks Year

Table f)

f) For individuals whose wages vary

Income subject to AHV contributions in the 12 months prior to the birth of the child (excl. daily accident/health insurance benefits)

Year	Year
<input type="text"/>	<input type="text"/>
January	<input type="text"/>
February	<input type="text"/>
March	<input type="text"/>
April	<input type="text"/>
May	<input type="text"/>
June	<input type="text"/>
July	<input type="text"/>
August	<input type="text"/>
September	<input type="text"/>
October	<input type="text"/>
November	<input type="text"/>
December	<input type="text"/>

Absences due to illness or accident which incurred a reduction in salary

(please state: I = illness / A = accident)

from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
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from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enclosure: Copy of the payroll journal

Questions g) to l)

g) Employment duration

from	to
<input type="text"/>	<input type="text"/>
dd, mm, yyyy	dd, mm, yyyy

h) Do these wages constitute temporary earnings paid to the applicant while he was claiming unemployment benefit? yes no

i) Did you continue to pay the employee a salary for the days of leave he has taken? yes no

j) Is the employee taxed at source? yes no

k) Were daily health/accident insurance benefits paid to the employee in the 9 months prior to the birth of the child? yes no

under the Health Insurance Act (KVG)?

under the Insurance Policies Act (VVG)?

Name of the insurer(s):

I) Employer details

Name

Company affiliate no

Contact

Phone

E-mail

In which canton is/was the claimant employed prior to the birth of the child?

C Paternity leave days

No. of paternity leave days taken (must not exceed 10 working days)

Has the paternity leave been taken in full?

yes
 no

consecutively
 non-consecutively
 day-to-day basis

Paternity leave days taken

dd, mm, yyyy

dd, mm, yyyy

If paternity leave was taken incompletely (fewer than 10 days), you may not submit your request for paternity benefits until the reference qualifying period (six months after the birth of the child) has expired.

Only to be completed for part-time employees

Activity rate in %:

Number of working days per week if full-time basis

Number of leave days

Number of normal working days

Number of working days the person would have worked without leave

D Payment of paternity allowance

The paternity allowance will be paid to:

- the employer (paid into or credited to the next contribution account)
 directly to the father or the mother's wife on the following bank or postal account

Name of account holder

Name and address of bank / post office

IBAN

Any request for the payment of the paternity allowance to a third party or the authorities must be accompanied by (Form 318.182) and reasons must be given for this request (form available from the compensation funds or at www.ahv-iv.ch).

Comments

Important information and signature

The paternity allowance is paid only for the days of paternity leave that are effectively taken during the 6-month qualifying period. This period starts on the day the child is born and ends 6 months later. The paternity allowance takes the form of a one-off payment and is disbursed only after the maximum number of days of paternity leave are taken. If entitlement to the paternity allowance ceases before paternity leave can be taken in full, for example because the qualifying period has lapsed, an allowance will be paid out only for the days of paternity leave that were effectively taken. Penalties may be incurred in the event of a deliberate violation of the duty of disclosure.

The employer confirms that he has read and agreed to the above conditions, and declares that the information he has provided herein is accurate:

Place and date

Signature of the employer

Please do not tack the documents together.

Enclosed:

- Request for the payment of the paternity allowance to a third party (Form 318.182)
- Copy of the account statements for daily accident/sickness benefits received since the onset of the incapacity to work