

Maternity Allowance Application Form



A To be filled in by the applicant

1. Applicant's details

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 Marital status

single married separated widowed

1.6 Address

Street, number

Postcode, town

Phone / Mobile

E-mail

1.7 Court-appointed guardian?

yes no

If yes: Name and address of the guardian authority

Complete address with street, zip code, town

Seat of the adult protective services

Complete address with street, zip code, town

Enclosed: Copy of the certificate of appointment as a guardian and description of obligations and duties

2. Child(ren)

2.1 Please provide details of the child/children giving right to a maternity allowance

Last name	First name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enclosed:

Copy of the birth certificate(s) or the family record book.

Copy of the medical certificate confirming the length of the pregnancy (only if the birth occurred before the 40th week of pregnancy, and the mother was not continuously insured with the Swiss AHV scheme during the 9 months prior to her due date).

2.2 Did the child/children have to remain in hospital for more than 14 days immediately after their birth?

yes no

If yes, how many days?

First name of the child	from dd, mm, yyyy	to dd, mm, yyyy
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enclosure: Medical certificate confirming the length of the hospital stay of each child

2.3 By the time the child was born, had you decided to return to employment at the end of maternity leave?

yes no

Enclosures:

- For employees: confirmation from the employer
- For self-employed persons: confirmation of self-employed status
- For unemployed persons: a copy of the daily benefits statement issued by unemployment insurance prior to the birth

3. Period of insurance

3.1 Were you resident outside Switzerland at any time during the 9 months prior to the delivery?

yes no

If yes:

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

3.2 At the time of delivery or when resident outside Switzerland in the 9 months prior to the delivery were you gainfully employed in an EU or EFTA member state?

yes no

If yes:

from	to	EU or EFTA member state
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of employer in EU/EFTA member state:

Name

Street, number

Post code, town

Phone

4. Employment details

You must provide details of **all** your employers during this period. The supplementary application form (Form 318.751) must be sent to **one compensation fund**. Multiple maternity allowance claims are not permitted.

4.1 Were you gainfully employed prior to delivery?

As an employee?

Name and address of **all** employers:

Please complete **Section B**

Enclosed: Form 318.751

Enclosed: Form 318.751

Self-employed?

Please submit your application to the compensation fund where you pay AHV contributions as a self-employed person.

Are you employed on the family farm?

- yes
 no

4.2 At the time of delivery or in the nine months leading up to the delivery, were you prevented, either partially or wholly, from working due to ill health (including pregnancy-related problems) or an accident?

yes no

Accident Illness

Did you receive accident insurance benefits or a daily sickness allowance?

yes no

Did you have a daily sickness allowance at the time of birth

- a daily allowance under the Health Insurance Act (KVG)?
 a daily allowance under the Insurance Policies Act (VVG/daily allowance paid out by the employer)?

Enclosed: Copy of pay slips issued from the onset of the incapacity to work to the date of delivery

4.3 At the time of delivery or in the 9 months prior to the delivery were you unemployed?

yes no

If yes:

from

dd, mm, yyyy

to

dd, mm, yyyy

Did you receive unemployment benefits?

yes

Enclosed: Copy of the account statements of daily unemployment benefits received prior to the birth of the child.

no

Enclosed: Form certificate of employment (Form 318.752)

B To be completed by the employer

Please provide details of the last salary subject to AHV contributions paid to the employee prior to delivery. These should not take into account any impact that the pregnancy or subsequent delivery may have had on the employee's salary.

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; regardless of any pregnancy-related health problems)

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 AVS contribution during the 9 months preceding delivery (without daily allowances from the accident or health insurance)

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

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"/>

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

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

August

September

October

November

December

from to

from to

from to

from to

from to

Enclosure: Copy of the payroll journal

Questions g) to l)

g) Employment duration from to
dd, mm, yyyy dd, mm, yyyy

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

i) Do you pay the claimant a salary during the maternity leave? yes no
 %
 until?
dd, mm, yyyy

j) Is the employee taxed at source? yes no

k) Has the employee been in receipt of daily allowance due to sickness or an accident at any time during the 9 months preceding delivery? yes no
 under the Health Insurance Act (KVG)?
 under the Insurance Policies Act (VVG)?

Name of the insurer(s):

l) Employer details

Name Company affiliate no

Contact

Phone E-mail

In which canton was the claimant employed prior to delivery?

C Payment of maternity allowance

The maternity allowance will be paid to:

- the employer (paid into or credited to the next contribution account)
- directly to the claimant, via the following bank or postal account

Name of account holder

Name and address of bank/post office

Complete address with street, zip code, town

IBAN

Any request for the payment of the maternity 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 maternity allowance is paid out for a maximum of 14 weeks. Entitlement will cease prematurely if the mother returns to work before the end of her maternity leave.

Entitlement to maternity allowance will be extended if the child has to stay in hospital for a longer period immediately after their birth, provided that the mother intends to return to work after her maternity leave.

The employee or the employer pledge to inform immediately the AHV Compensation Fund should the employee return to work before the end of her maternity leave, due to the fact that any entitlement to further allowances will lapse as the result of such action. Maternity allowance paid unduly must be reimbursed. Penalties may be imposed in the event of a deliberate violation of the duty of disclosure.

We, the undersigned, confirm that we have read and agree to the above conditions, and declare that the information we have provided herein is accurate.

Place and date

Signature of the applicant or representative

Place and date

Signature of the employer

Please do not tack the documents together.

Enclosed:

- Copy of child's birth certificate or family record book

Where applicable:

- Copies of ID papers (e.g. family record book, residence or work permit, confirmation of place of residence, last pay slip, passport, ID, foreign ID)
- Copy of the certificate of appointment as a guardian and description of obligations and duties
- Copy of the medical certificate confirming the length of the pregnancy (only if the birth occurred before the 40th week of pregnancy and the mother was not continuously insured with the Swiss AHV scheme during the 9 months prior to her due date)
- Copy of the contribution decision issued by the compensation fund (for self-employed applicants)
- Copy of the account statements for daily accident/sickness benefits received since the onset of the incapacity to work
- Copy of account statements for unemployment benefits received prior to the birth of the child
- Original form certificate of employment (Form 318.752)
- Original request for the payment of the maternity allowance to a third party (Form 318.182)
- Medical certificate confirming the length of the hospital stay of each child
- Confirmation from the employer
- Confirmation of self-employed status
- Supplementary Maternity Allowance Application Form