

Paternity Allowance Application Form



Information

Submit your application when you have taken all of your paternity leave or when the qualifying period has lapsed. The paternity allowance is calculated based on the number of days of paternity leave effectively taken during the qualifying period, i.e. within 6 months of the birth of the child.

Have you taken all of your paternity leave?

- yes
 no

If you have not taken all of your paternity leave (fewer than 10 days), you may apply for a paternity allowance only after the qualifying period has lapsed (6 months after the birth of the child).

A To be filled in by the applicant

1. Applicant's details

1.1 Last name

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

Seat of the adult protective services

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

2. Child(ren)

Please provide details of the newborn child(ren) giving right to a paternity allowance:

Last name

First name

Date of birth

Child's place of residence

dd, mm, yyyy

Last name

First name

Date of birth

Child's place of residence

dd, mm, yyyy

Enclosed:

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

Copy of the medical certificate confirming the length of the pregnancy (only if the birth occurred before the 40th week of pregnancy and you were not continuously insured with the Swiss AHV scheme during the 9 months prior to the birth of the child.

3. Period of insurance

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

yes no

If yes:

from
dd, mm, yyyy

to
dd, mm, yyyy

State

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

yes no

If yes:

from
dd, mm, yyyy

to
dd, mm, yyyy

EU/EFTA member state

Details of employer in EU/EFTA member state:

Name

Street, number

Post code, town

Phone

Enclosed: Original certificate of periods of insurance and employment in an EU/EFTA member state (Form E 104)

4. Employment details

You must provide details of **all** your employers during this period. The supplementary application form (Form 318.748) must be sent to **one compensation fund**. Multiple paternity allowance claims are not permitted.

4.1 Were you in gainful employment prior to the birth of the child?

As an employee?

Self-employed?

Competent compensation fund

Affiliate no.

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

Enclosed: Copy of the contribution decision issued by the compensation fund.

4.2 In the 9 months prior to the birth of the child, were you prevented, either partially or wholly, from working due to ill health or an accident?

yes no

Accident

Illness

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

yes no

At the time of the birth of the child, were you claiming

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 In the 9 months prior to the birth of the child or in the 6 months after the birth, were you unemployed?

yes no

If yes:

from

to

dd, mm, yyyy

dd, mm, yyyy

Did you receive unemployment benefits?

yes

no

Enclosed: Copies of daily unemployment benefit account statements issued prior to the birth of the child and/or during paternity leave

Did you take paternity leave while you were claiming unemployment benefits?

yes no

How did you take your two weeks' paternity leave?

consecutively?

non-consecutively?

day-to-day basis?

Paternity leave days taken

dd, mm, yyyy

.

dd, mm, yyyy

B To be completed by the employer

Please provide details of the last salary subject to OASI contributions paid to the employee prior to the birth of the child.

Is this salary paid regularly?

- yes
- no

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

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

Questions a) to e)

a) Last monthly salary subject to AHV contributions

x12 x13

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

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)

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"/>
August	<input type="text"/>
September	<input type="text"/>
October	<input type="text"/>
November	<input type="text"/>
December	<input type="text"/>

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

Enclosure: Copy of the payroll journal

Questions g) to n)

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) Do you make the appropriate deductions from the paternity allowance before passing it on to the employee? yes no

k) Is the employee taxed at source? yes no

l) 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):

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

How were the two weeks' paternity leave taken?

- consecutively?
- non-consecutively?
- day-to-day basis?

Paternity leave days taken

dd, mm, yyyy

dd, mm, yyyy

n) Employer details

Company

Company affiliate no

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Contact

Phone

E-mail

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C 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 claimant, on the following bank or postal account

Name of account holder

Name and address of bank/post office

IBAN no.

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.

We, the undersigned, confirm that we have read and agree to the above conditions, and declare that the information we have provided here 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 certificate

Where applicable:

- 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 father was not continuously insured with the Swiss AHV scheme in the 9 months prior to the birth of the child)
- Original certificate of periods of insurance and employment in an EU/EFTA member state (E 104 form)
- 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 unemployment benefit account statements received prior to the birth of the child and during paternity leave
- Original request for the payment of the maternity allowance to a third party (Form 318.182)