

## Application for maternity allowance

Were you insured under the AHV scheme during the pregnancy and did you work for at least five months during this time? If yes, you are entitled to maternity allowance for the first 14 weeks after the birth of your child.

To enable us to process your request as quickly as possible, we need the following information:

### To be completed by the mother

#### 1. Personal details of mother

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

AHV number:

7	5	6	.																
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Date of birth: \_\_\_\_\_

#### Your current address:

Street, Number: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

Country: \_\_\_\_\_

#### For enquiries:

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Your current marital status:

Single     Divorced     Widowed     Legally dissolved partnership

Married (date of marriage): \_\_\_\_\_

Registered partnership (date of registration): \_\_\_\_\_



A copy of the identity document (e.g. passport, ID card) must be enclosed without exception. Foreign nationals must also enclose a copy of the residence permit, as well as their spouse's residence permit if they are married.

#### 2. For which child(ren) are you applying for maternity allowance?

Child 1:

AHV number:

7	5	6	.																
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Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

#### Note

You can find your **AHV number** on your AHV card or your health insurance card and on all personal documents sent to you by GastroSocial.

#### Important

We can only accept birth certificates or family register booklets issued by the registry office. **Confirmation from the hospital or the doctor is not sufficient.**

**Child 2:** AHV number:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Child 3:** AHV number:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Please enclose a copy of the birth certificate for all children, or the family register booklet.

### Do you or the child(ren) have a deputy?

**Yes** Last name/first name of deputy: \_\_\_\_\_

Address of deputy: \_\_\_\_\_



Please enclose the deputy's certificate of appointment, along with a description of their obligations and responsibilities.

**No**

### Were you domiciled outside Switzerland in the nine months before the birth?

**Yes,** country: \_\_\_\_\_ from: \_\_\_\_\_ until: \_\_\_\_\_

**No**

### Did the child(ren) have to stay in hospital for a continuous period of more than 14 days directly after the birth?

**No** (please continue to point 3 «Details of mother's employment»)

**Yes** (please provide the details below and answer the next question)

First name of the child: \_\_\_\_\_ from: \_\_\_\_\_ until: \_\_\_\_\_ days: \_\_\_\_\_

First name of the child: \_\_\_\_\_ from: \_\_\_\_\_ until: \_\_\_\_\_ days: \_\_\_\_\_



For each child, please enclose a medical certificate to confirm the duration of the stay in hospital.

### Do you intend to work again after you have finished your maternity leave?

**Yes**



#### Documents to be submitted:

- as an employee: confirmation from employer
- as a self-employed person: proof of self-employment

**No**



#### Documents to be submitted:

- if unemployed: a copy of the daily allowance statement from the unemployment insurance, generated before the birth

#### Note

The **birth certificate** can be requested from your registry office at the place of birth, and the **family register booklet** from the registry office at the place of origin.

#### Note

A **deputy** provides advice and support to the parents when raising the child. The deputy can also be assigned certain rights.

#### Note

The **certificate of appointment** issued by the Child and Adult Protection Authority (CAPA) authorises the deputy to provide the client with assistance in dealing with third parties in administrative, legal and personal matters and to represent the client in legal affairs.

#### Note

The entitlement to maternity allowance is extended **if the newborn child has to stay in hospital for longer than 14 days**. It is granted on the precondition that the mother has already indicated her intention, before the birth, of returning to work as an employee or self-employed person after finishing maternity leave.

### 3. Details of mother's employment

Please tick as appropriate and complete the corresponding section(s):

- I was employed by a business establishment at the time of the child's birth.
- I was self-employed at the time of the child's birth.
- I was unemployed at the time of the child's birth.

Complete **3.1** and **3.4**

Complete **3.2** and **3.4**

Complete **3.3** and **3.4**

#### 3.1 You were employed by a business establishment at the time of the child's birth.

Please provide the employer's details below:

##### Employer 1

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

**Important:** Employer 1 must complete section 4 «**Details of employer 1**» of this form.

##### Employer 2

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

**Important:** Employer 2 must complete the «**Supplementary form for application for maternity allowance**».

##### Employer 3

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

**Important:** Employer 3 must complete the «**Supplementary form for application for maternity allowance**».

**Were you working abroad at the time of the birth or in the nine months before the birth?**

- Yes,** country: \_\_\_\_\_ from: \_\_\_\_\_ until: \_\_\_\_\_
- No**

##### Important

It is **not permitted to submit more than one** application for maternity allowance.

##### Important

The **supplementary form for application for maternity allowance** must be completed **for each further employer**. All the supplementary forms must be submitted together with this application to just one compensation fund.

### 3.2 You were self-employed at the time of the child's birth.

#### Were you self-employed as your primary or secondary occupation?

- primary occupation       secondary occupation

#### Which compensation fund is responsible for your self-employment?

Name of compensation fund: \_\_\_\_\_

Settlement number: \_\_\_\_\_



Please enclose the latest contribution invoice of the compensation fund responsible for the self-employment.

#### Were you working abroad at the time of the birth or in the nine months before the birth?

- Yes**, country: \_\_\_\_\_ from: \_\_\_\_\_ until: \_\_\_\_\_
- No**

### 3.3 You were unemployed at the time of the child's birth.

#### During which period were you unemployed?

from: \_\_\_\_\_ until: \_\_\_\_\_

Did/Do you receive unemployment benefits?



- Yes**, please enclose a copy of the last two daily allowance statements before the birth.



- No**, please enclose the employer declaration form (AHV form 318.752).

### 3.4 Did you suffer incapacity for work?

#### Did you suffer full or partial incapacity for work at the time of the birth or in the nine months before the birth?

- No** (please continue to point 4 «Details of employer 1»)
- Yes**,  due to accident       due to illness

#### If yes, did you receive daily sickness or accident benefits?

- Yes**,  please enclose a copy of the daily allowance statement from the start of the incapacity for work until the birth of the child.

- No**

#### Note

If you are **self-employed** as well as **employed**, then the compensation fund that you pay AHV contributions to for the self-employment is responsible.

#### Note

AHV form 318.752 «Employer declaration form (for women who are unemployed and not in receipt of unemployment benefits)» can be found on the website [www.ahv-iv.ch](http://www.ahv-iv.ch) under «Leaflets & forms».

**To be completed by employer 1**
**4. Details of employer 1**

Name of employer: \_\_\_\_\_ Settlement number: \_\_\_\_\_  
 Address of employer: \_\_\_\_\_

**For enquiries:**

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Period of employment: \_\_\_\_\_ from: \_\_\_\_\_ until: \_\_\_\_\_

In which canton did the employee work before the birth? \_\_\_\_\_

**Please tick as appropriate and provide the additional information:**

**A:**  **The employee receives a monthly salary.**

Last gross salary subject to AHV contributions per month: CHF \_\_\_\_\_

x 12       x 13

Other payments subject to AHV contributions (e.g. bonus, commission, tips):

CHF \_\_\_\_\_

per  hour     month     4 weeks     year



Please include a copy of the employee's last 12 salary statements before the birth of the child or a copy of the wage book.

**B:**  **The employee receives an hourly wage.**

Hourly wage (excluding share of 13<sup>th</sup> monthly salary, holiday and public holiday compensation): CHF \_\_\_\_\_

Other payments subject to AHV contributions (e.g. bonus, commission, share of 13<sup>th</sup> monthly salary if applicable, tips):

CHF \_\_\_\_\_

per  hour     month     4 weeks     year



Please include a copy of the employee's last 12 salary statements before the birth of the child or a copy of the wage book.

**Does this qualify as income from work while registered as unemployed?**

(see adjacent Note)

**Yes**

**No**

**Important**

If, as an employer, you use **connect**, you can submit the application for maternity allowance quickly and easily online as a PDF document.

**Note**

Please provide information about the last salary subject to AHV contributions that was paid to the employee before the birth, independent of the impact of the pregnancy or the birth on the salary payments.

**Note**

If the employee earns an income that is less than the unemployment benefit while they are unemployed, this is called **income from work while registered as unemployed**.

**Is the employee subject to tax at source?**
 **Yes**
 **No**
**Was any daily allowance from the health or accident insurance paid out to the employee in the nine months before the birth?**
 **No**
 **Yes,** from: \_\_\_\_\_ until: \_\_\_\_\_


Please enclose copies of the daily allowance statements.

## 5. Payment details for transfer

**The maternity allowance must be paid to:**
 **the employer** (payment or credit on the next contribution invoice)

 **the mother** (directly to the following bank or post office account)

**Please provide details of the personal bank account for transferring the payment directly to the mother.**

Last name, first name of account holder: \_\_\_\_\_

Address of account holder: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Full address of the bank with street, postcode, town: \_\_\_\_\_

IBAN-number: \_\_\_\_\_

BIC/SWIFT code of bank \*: \_\_\_\_\_

\* must be provided for payments to a foreign country

**Note**

The maternity allowance is a salary replacement benefit subject to all social insurance contributions and deductions **except accident insurance premiums**. If it is paid directly to the mother, the compensation fund deducts the AHV/IV/EO/ALV contributions, as well as the tax at source if applicable. The employer remains responsible for the other contributions, e.g. BVG or daily sickness benefits insurance. **If the mother is still in an employment relationship, we recommend that the payment is made to the employer**, in order to ensure that none of these contributions are missed.

**Note**

You can find the **IBAN number** of your personal account on your bank statements or your bank card, or you can ask your bank for the number.

## 6. Signatures

The undersigned persons hereby acknowledge the provisions to the right (see Note) and confirm that the provided information is accurate:

Place, date

Signature of the mother or her representative

Place, date

Stamp and signature of employer

## What happens next?

Once we have received all the required documents, we will **usually pay the maternity allowance within 14 days.**

### Note

The maternity allowance is only paid for the period after the birth during which the mother is not working during maternity leave, but at the longest for 14 weeks. If the mother starts working again before the end of this 14-week period, her entitlement to a maternity allowance lapses immediately. **The mother, as well as her employer if applicable, undertake to inform the compensation fund without delay if she starts working again before the end of the 14-week period.** Allowances paid out without justification must be repaid. Intentional failure to report a return to work may result in penalties.