

## Supplementary form for application for maternity allowance

If you have listed more than one employer on the application for maternity allowance under point 3.1 «You were employed by a business establishment at the time of the child's birth», you must complete this supplementary form for each employer.

All supplementary forms must be submitted to the compensation fund together with the application.

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

### 1. Personal details of mother

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

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

AHV number:

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

### 2. Details of salary

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? \_\_\_\_\_

#### 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

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

**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**

**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.

**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**.

### 3. 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.

### 4. 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

#### 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.

### What happens next?

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