

## Application for care allowance

Have you had to stop working or reduce your level of employment to care, as the father or mother, for a minor child with a serious health condition? Then you are entitled to 14 weeks of care leave. This can be taken either as a single period or as individual days and can be split between the parents.

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

### To be completed by the applicant

#### 1. Personal details of the applicant

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: \_\_\_\_\_



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

#### 2. Personal details of the child and other information

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

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

AHV number:

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



A copy of the identity document (e.g. passport, ID card) must be enclosed without exception. For newborn children, a copy of the birth certificate of each child, or the family record document, must be enclosed.

#### Current address:

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

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

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

#### 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.

#### 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.

### Does the child have a deputy?

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

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

Address of adult protection authority: \_\_\_\_\_



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

**No**

### Status of the child:

**Own child**

**Stepchild**

**Without exception, step-parents must submit documents to prove that:**



- they are in a domestic partnership with the natural parent (e.g. certificate of residence, tenancy agreement etc.), and
- that the natural parent with whom the step-parent is in a domestic partnership has (joint or sole) parental responsibility and custody, and
- that one of the parents has fully renounced their leave entitlement.

**Foster child**

**Foster parents must submit the following documents without exception:**



- Official approval of foster relationship

## 3. Personal details of the other entitled parent

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

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

AHV number:

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

### Current address:

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

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

### For enquiries:

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



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

#### 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

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.

#### 4. How should the care leave be split?

How do you plan to split the care leave of max. 70 working days (or 98 daily allowances) with the other entitled parent?

Number of working days for care leave of applicant: \_\_\_\_\_ days

Number of working days for care leave of other entitled parent: \_\_\_\_\_ days

#### 5. Details of the applicant's employment before the care leave

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

I am currently employed by a business establishment.

I am currently self-employed.

I was or am currently unemployed.

##### Note

The agreed split can still be changed in the future. If no agreement can be reached on the split, each parent will be awarded 49 daily allowances.

Complete **5.1** and **5.4**

Complete **5.2** and **5.4**

Complete **5.3** and **5.4**

##### 5.1 You are currently employed by a business establishment.

Please provide the employer's details below:

##### Employer 1

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

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

**Important:** Employer 1 must complete section 6 «Details of salary» of this form.

##### Employer 2

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

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

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

##### Employer 3

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

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

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

##### Important

If both parents are applying for the benefit, the compensation fund handling the **first compensated leave day** is responsible. It is **not permitted to submit more than one** application for care allowance.

##### Important

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

## 5.2 You are currently self-employed.

**Are 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: \_\_\_\_\_

Affiliation number: \_\_\_\_\_



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

### 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.


## 5.3 You were or are currently unemployed.

**During which period were you unemployed or since when have you been unemployed?**

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

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

**Did/Do you receive unemployment benefits?**

- Yes,**  please enclose a copy of all statements

- No**

**Did you take care leave while receiving unemployment benefit?**

- Yes**

- No**


## 5.4 Are you suffering incapacity for work?

**Are you suffering full or partial incapacity for work at present?**

- No** (please continue to point 6 «Details of salary»)

- Yes,**  due to accident       due to illness

**If yes, did you receive/are you receiving daily sickness or accident benefits?**

- Yes,**  please enclose a copy of the daily allowance statements from the start of the incapacity for work.

- No**

**To be completed by Employer 1**
**6. Details of salary**

Name of employer: \_\_\_\_\_ **Affiliation number:** \_\_\_\_\_  
 Address of employer: \_\_\_\_\_

**For enquiries:**

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

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

In which canton does the employee work? \_\_\_\_\_

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

**A:**  **The applicant 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. bonuses, commissions, tips):

CHF \_\_\_\_\_

per  hour  month  4 weeks  year



Please include a copy of the applicant's last 12 monthly salary statements from before the start of care leave or a copy of the wage book.

**B:**  **The applicant 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. bonuses, commissions, share of 13<sup>th</sup> monthly salary, tips):

CHF \_\_\_\_\_

per  hour  month  4 weeks  year



Please include a copy of the applicant's last 12 monthly salary statements from before the start of care leave or a copy of the wage book.

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

(see adjacent Note)

**Yes**

**No**

**Note**

Please provide details of the last salary subject to AHV contributions.

**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**.

**Did you continue to pay the salary for the care days that were taken?**

- Yes,** \_\_\_\_\_ % of the salary
- No**

**Is the applicant subject to tax at source?**

- Yes**
- No**

**Was any daily allowance from the health or accident insurance paid out to the applicant?**

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



Please enclose copies of the daily allowance statements.

## 7. Details of care days taken (leave days)

**Date of first leave day:** \_\_\_\_\_

**Claim month (month/year):** \_\_\_\_\_

**Week 1 of the claim month**

Percentage level of employment: \_\_\_\_\_ %

Number of leave days taken: \_\_\_\_\_ days

Number of working days per week at full-time workload: \_\_\_\_\_ days

Usual number of working days per week at full-time workload: \_\_\_\_\_ days

**full working week**

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

**individual days**

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_

please provide the full date (DD, MM, YYYY) in each case

### Important

The **employer** reports the claimed leave days at the end of each month, along with any salary paid out during the entitlement period. **A separate care allowance application must be made for each month. To apply for subsequent months, please use the form «Subsequent application for care allowance».**

**Week 2 of the claim month**

Percentage level of employment: \_\_\_\_\_ %

Number of leave days taken: \_\_\_\_\_ days

Number of working days per week at full-time workload: \_\_\_\_\_ days

Usual number of working days per week at full-time workload: \_\_\_\_\_ days

 **full working week**

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

 **individual days**

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_

please provide the full date (DD, MM, YYYY) in each case

**Week 3 of the claim month**

Percentage level of employment: \_\_\_\_\_ %

Number of leave days taken: \_\_\_\_\_ days

Number of working days per week at full-time workload: \_\_\_\_\_ days

Usual number of working days per week at full-time workload: \_\_\_\_\_ days

 **full working week**

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

 **individual days**

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_

please provide the full date (DD, MM, YYYY) in each case

**Week 4 of the claim month**

Percentage level of employment: \_\_\_\_\_ %

Number of leave days taken: \_\_\_\_\_ days

Number of working days per week at full-time workload: \_\_\_\_\_ days

Usual number of working days per week at full-time workload: \_\_\_\_\_ days

 **full working week**

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

 **individual days**

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_

please provide the full date (DD, MM, YYYY) in each case

**Week 5 of the claim month**

Percentage level of employment: \_\_\_\_\_ %

Number of leave days taken: \_\_\_\_\_ days

Number of working days per week at full-time workload: \_\_\_\_\_ days

Usual number of working days per week at full-time workload: \_\_\_\_\_ days

 **full working week**

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

 **individual days**

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_ Leave day: \_\_\_\_\_

Leave day: \_\_\_\_\_

please provide the full date (DD, MM, YYYY) in each case



## 8. Payment details for transfer

The care allowance is to be paid to:

**the employer** (payment or credit on the next contribution invoice)

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

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

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 care 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 applicant, 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 applicant 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.

## 9. Signatures

By signing this form, the insured person or their representative consents to the disclosure of information to third parties as necessary.

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

Place, date

Signature of applicant/representative

Place, date

Stamp and signature of employer

### Note

The care allowance is only paid out for **leave days actually taken**. If the entitlement ends before the maximum number of leave days could be taken, the allowance will only be paid for the leave already taken. **Allowances paid out without justification must be repaid**. Intentional breaches of the duty to notify may result in penalties.

## 10. Medical certificate pursuant to Article 16o EOG

### Treating physician:

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

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

### Current address:

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

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

### For enquiries:

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

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

Last name of the child: \_\_\_\_\_

First name of the child: \_\_\_\_\_

I confirm that the child has a serious health condition within the meaning of Article 16o (a-d) EOG.

### This is the case if

- their physical or mental condition has drastically changed; AND
- the course or outcome of this change is either difficult to predict or likely to result in the condition becoming permanent or worsening or leading to death; AND
- there is an increased need for parental care; AND
- at least one parent is forced to stop working in order to care for the child.

**All of the above four points must be fulfilled.**

Place, date

Stamp and signature of treating physician

## What happens next?

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

### Note

A disability or birth defect in itself is **not considered a serious health condition within the meaning of the law.** This means there is **no entitlement to a care allowance if the affected child's health condition is stable.** Parents of the affected child will only be entitled to a care allowance **if the child's condition drastically deteriorates, i.e. if the aforementioned criteria are met.**

### Note

Minor illnesses/accidental injuries and mild impairments may require hospital stays or regular visits to the doctor and make day-to-day life more difficult. However, because such conditions (e.g. bone fractures, diabetes, lung infections) can be easily treated or controlled in most cases, there is **no entitlement to care leave.**