

Subsequent application for care allowance

A separate care allowance application must be made for each month. To submit an application for subsequent months, please use this form.

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

1. Personal details of the applicant

Last name: _____

First name: _____

AHV number:

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Date of birth: _____

Your current address:

Street, Number: _____

Postcode, Town: _____ Country: _____

For enquiries:

Telephone: _____ E-Mail: _____

2. Details of salary

Name of employer: _____ Affiliation number:

Address of employer: _____

For enquiries:

Telephone: _____ E-Mail: _____

Has the monthly salary that is subject to AHV contributions changed since the last care days were taken?

Yes

No

The entitled person is

self-employed

(please continue to point 3 «Details of care days taken»)

employed by a business establishment

(the other questions for this point must be completed by the employer)

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.

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 13th monthly salary, holiday and public holiday compensation): CHF _____

Other payments subject to AHV contributions (e.g. bonuses, commissions, share of 13th 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

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.

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**.

3. Details of care days taken (leave days)

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

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

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 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

4. Signature

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

The undersigned person hereby acknowledges the provisions to the right (see Note) and confirms that the information provided is accurate:

Place, date

Stamp and signature of employer

What happens next?

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

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.