Caisse interprofessionnelle neuchâteloise de compensation pour allocations familiales



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**Application Form for Family and Birth Allowances**

Intercantonal difference  yes  no

International difference  yes  no

**Employer Affiliation n°**

Name of firm       E-mail       Tél. n°

**Employee**

Last name and first name

NSS (Social insurance n°)       Nationality       Residency permit

Or date of birth B C L G N or F

Full adress

Street n°, postal code and city

Email       Home phone       Cell phone

Civil status        single  married  remarried

since when (date)

civil partnership  separated  divorced  widowed

Employed since       Monthly gross salary CHF       12X/13X Allocation requested starting on

Full-time/Part-time work       unemployed  non  if yes, name, address and date hired

Second employer  no  if yes, name adress Full-time/Part-time work and date hired

Former employer       Canton

Country

**The applicant’s earnings are higher than the other parent**  **yes**  **no**

**Other parent**  spouse  cohabitant  ex-spouse  civil law partnership  other

Last name and first name

Full adress

Street n°, postal code and city

Work status  salaried  self-employed  unemployment benefits  unemployed without benefits  self-employed farmer

Employer       Canton

Country

Employed since       Monthly gross salary CHF       12X/13X Full-time/Part-time work %

Does he/she receive family allowances ?        if yes, for which children?

If not, please provide a certificate of non-payment of allowances from his/her employer

Until what date were Family Allowances paid previously, to whom and through which intermediary?

See reverse side

**A. Children living in your household**

Present marriage

Former marriage

Born out of wedlock

Joint custody

Other

Last name First name Date of birth

1.                  

2.                  

3.                  

4.                  

5.                  

\* specify : foster child, adopted, spouse’s child, etc.

**B. Children not living in your household**

Name First name Date of birth Address

1.

2.

3.

Remarks

**Explanations**

The Child Allowance is paid out for children under 16 years of age. It may continue to be paid out until the age of 20 if the child is unable to work for a living due to illness, accident or other infirmity.

The Education Allowance is paid out for children between the ages of 16 and 25 if they are full-time students or in a training program that meets the requirements of the Old Age and Survivors’ Benefits statute.

Family Allowances are not paid out for children living abroad unless Switzerland has signed a social security treaty with the country of residence. This is the case for example for the EU and EFTA countries.

CINALFA shall not be liable for Family Allowances paid out by error by an employer.

**Prior to any payment**, an application for Family Allowances must be submitted to CINALFA for decision. Any changes must be reported to CINALFA.

**Documents to be attached to the application form (photocopies)**

No application will be taken into consideration unless it is accompanied by the required documents

Always required 🠪 « livret de famille » OR marriage and birth certificates

🠪 certificate of deletion from the last Family Allowances agency

For the children of unmarried parents 🠪 act of paternity or decision of joint custody

For students/apprentices 🠪 confirmation of school attendance, apprenticeship contract,  
 confirmation of internship, salary and duration  
For children unable to work 🠪 medical certificate, decision from disability insurance (AI)

For foreign children in Switzerland 🠪 Residents’ registration certificate, residency permits

For children living abroad or not living 🠪 E 411 Form, postal or bank receipts, certificate specifying,

with the applicant that the spouse, cohabitant, ex-spouse or civil law partner do not  
receive Family Allowance benefits

In case of separation or divorce 🠪 separation agreement, provisional measures ordered by a  
 judicial authority to protect the marital union, divorce decree

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| --- | --- |
| The undersigned **Applicant** certifies that this application form for Family Allowances application contains exact information, that he/she is aware of the explanations, he/she agrees to immediately report any changes in his/her professional, personal, or family situation, including a change in a child’s earnings  Signature : | The undersigned **Employer** confirms that the information on this form corresponds to the i.d. papers that have been presented.  Signature : |

Place and date: