

## Family Allowances Application for EPFL Employees

### 1 Employer

Ecole polytechnique fédérale de Lausanne (EPFL)		Accounting number 340.000
PL-RH, Station 7	1015 Lausanne	021 693 11 11 / rh@epfl.ch

### 2 Applicant (see definition point 9) for child benefits, employed by EPFL

Surname		First name		AVS no. (new) 756.____ _	
Date of birth	Sex Man          Woman	Nationality			
Marital status single          married          divorced          separated          widowed registered partnership          dissolved partnership					Since (date)
Street /house no.		Postcode / Town		Canton	
Since when do you ask for child benefits?		Town/Place of work (canton) Ecublens VD          Villigen AG Neuchâtel NE          Other :		Expected EPFL annual income subject to compulsory AVS	
Self-employed activity ?    yes          no					
If yes: please join a copy of the compensation office's attestation					
<b>Other employers</b> In case of one or more other gainful occupations (one or more other employers) Please indicate : Name, address of the employer from which you receive the highest salary				Place of work (canton)	Highest expected annual income subject to compulsory AVS

### 3 Child(ren) until 25 years old maximum

1 <sup>st</sup> child					
Surname		First name		Date of birth	/ Sex / AVS no. / m w / 756.____ _
Relationship of the applicant to the child my child          foster child          grandchild stepchild          sibling					
Who holds parental authority both          mother          father          someone else, who ? :					
Does the child live in the applicant's household? yes no : address : street / house no., postcode town, department et country :					

**For children over 16 : proof of current training/education (date of start and end) must be enclosed.**

Does the child earn more than CHF 2'320.- per month (are included fortune income, annuities and daily allowances) ?	yes	no
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Is the child already 16 years old and in incapacity ?	yes	no
If yes : please join a copy of medical certificate or invalidity insurance		

**2<sup>nd</sup> child**

Surname	First name	Date of birth	/ Sex /	AVS no.
			/ m w /	756. _____
Relationship of the applicant to the child				
my child		foster child		grandchild
stepchild		sibling		
Who holds parental authority				
both		mother	father	someone else, who? :
Does the child live in the applicant's household ?				
yes				
no : address : street / house no., postcode town, department et country :				

**For children over 16 : proof of current training/education (date of start and end) must be enclosed**

Does the child earn more than CHF 2'320.- per month (are included fortune income, annuities and daily allowances) ?	yes	no
Is the child already 16 years old and in incapacity ?	yes	no
If yes : please join a copy of medical certificate or invalidity insurance		

**3<sup>rd</sup> child**

Surname	First name	Date of birth	/ Sex /	AVS no.
			/ m w /	756. _____
Relationship of the applicant to the child				
my child		foster child		grandchild
stepchild		sibling		
Who holds parental authority				
both		mother	father	someone else, who? :
Does the child live in the applicant's household ?				
yes				
no : address : street / house no., postcode town, department et country :				

**For children over 16 : proof of current training/education (date of start and end) must be enclosed**

Does the child earn more than CHF 2'320.- per month (are included fortune income, annuities and daily allowances) ?	yes	no
Is the child already 16 years old and in incapacity ?	yes	no
If yes : please join a copy of medical certificate or invalidity insurance		

**4<sup>th</sup> child**

Surname	First name	Date of birth	/ Sex /	AVS no.
			/ m w /	756. _____
Relationship of the applicant to the child				
my child		foster child		grandchild
stepchild		sibling		
Who holds parental authority				
both		mother	father	someone else, who? :
Does the child live in the applicant's household ?				
yes				
no : address : street / house no., postcode town, department et country :				

**For children over 16 : proof of current training/education (date of start and end) must be enclosed**

Does the child earn more than CHF 2'320.- per month (are included fortune income, annuities and daily allowances) ?	yes	no
Is the child already 16 years old and in incapacity ?	yes	no
If yes : please join a copy of medical certificate or invalidity insurance		

**4a Current partner** (cf. definition point 9, complementary information)

Surname	First name	AVS no. (new) 756. _____
Date of birth	Sex man woman	Nationality
Marital status single married separated registered partnership divorced dissolved partnership widower		Since (date)
The current partner is mother/father of which child(ren) none      1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>		
Street / No	Postcode / Town	Telephone / E-mail
Affiliated to a compensation office as a self-employer ?		yes      no
If yes : please join a copy of the compensation office's attestation		
Does the current partner have an/many employment contract(s) If yes: name(s) and adress(es) of the employer(s)		yes      no      Place of work and canton
Is the minimum yearly income level of CHF 6'960 reached ? (addition of all incomes) (art. 507 DFAM) ?		yes      no
Does the current partner have a higher income than the applicant ?		yes      no

**4b Child's mother/father**

The number 4b is to be completed only when different from 4a.

Surname	First name	AVS no 756. _____
Date of birth	Sex man woman	Nationality
Marital status single death married registered partnership separated divorced dissolved partnership widower		Since (date)
The current partner is mother/father of which child(ren) none      1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>		
Street / No	Postcode / Town	Telephone / E-mail
Affiliated to a compensation office as a self-employer ?		yes      no
If yes : please join a copy of the compensation office's attestation		
Does the mother/father have an/many employment contract(s) If yes: name(s) and adress(es) of the employer(s)		yes      no      Place of work and canton
Is the minimum yearly income level of CHF 6'960 reached ? (addition of all incomes) (art. 507 DFAM) ?		yes      no
Does the mother/father have a higher income than the applicant ?		yes      no

**Who has the highest annual salary submitted to compulsory AVS ?**

... The applicant  
 ... The current partner  
 ... Mother/father

Number  
 1 (the biggest), 2, 3

## 5 Determination of the recipient of the benefits

The law determines who must receive the benefits (art. 17 LAF – Child benefits Act [RS 836.2]). No exceptions are foreseen.

« When more than one person is liable to claim benefits for the same child/ren according to federal or cantonal legislations the right to benefits is determined as per the following order of priority:

- a. to the person who has a gainful occupation;
- b. to the person who holds parental authority or who held parental authority until the child came of age;
- c. to the person with whom the child resides or resided most of the time until it came of age;
- d. to the person to whom is applicable the child benefit program set by the child's canton of residence;
- e. to the person whose AVS submitted salary is highest. »

## 6 Additional details

Does anyone else receive an allowance for one of the children listed in section 3 ?

Yes, who ? For which child(ren) and how much ?

An attestation proving that allowances are being paid and if yes how much is being paid ist to enclose.

No

## 7 The following documents (copies) must be enclosed with your application

All :	Copy of family record book or of the child/children's birth certificates Confirmation from any other benefit provider (see 6)
For children over 16 :	Proof of current training/education Wage statement for children in education also in gainful employment. Copy of medical certificate or invalidity insurance decision in the case of incapacity Proof of legal residence in Switzerland for children living temporarily abroad .
Single persons:	Copy of maintenance agreement.
Divorced or separated persons :	Extract/copy from the divorce or separation decree relating to right of custody.
For the foster parents	Proof of unpaid foster child situation or contract

Documents which are not in one of the Swiss languages or in English must be translated.

## 8 Applicant declaration and signature

Attestation and signature of the applicant

**Signatories of the application hereby declare that they:**

- have completed the application form truthfully;
- have taken note of the fact that only one full allowance may be received per child;
- may be liable to prosecution if they give untrue details or suppress facts;
- must pay back wrongfully received benefits;
- acknowledge their obligation to rapidly inform the employer and/or the Compensation Fund of any changes that occur regarding their marital, professional and family status that may affect their right to benefits;
- that the Federal Compensation Fund's Child Benefits Fund in Bern may ask further information at matrimonial offices concerning marital status or parental authority.

Place / Date

Applicant's signature

## 9 Rules and definitions

Dans le but de faciliter la lecture de ce formulaire, la forme masculine est employée pour les deux genres.

**Applicant** means The person who receives the benefits per child (for one or more children) or the person who requests the said benefits.

**Current partner** means The spouse or other person who lives with the applicant (partner, etc.).

## 10 Return address

**EPFL PL RH, Allocations familiales, Station 7, CH-1015 Lausanne**

Many thanks for your cooperation