

Maternity Allowance Application Form



A To be filled in by the applicant

1. Applicant's details

1.1 Last name

including name prior to marriage / registered partnership

1.2 All first names

given name in capitals

1.3 Date of birth

dd, mm, yyyy

1.4 Social Security number

13 digits, enter number without dots or spaces

1.5 Marital status

single married separated widowed

1.6 Address

Street, number

Postcode, town

Phone / Mobile

E-mail

Enclosed: Copy of identity card or family record book

1.7 Court-appointed guardian?

yes no

If yes: Name and address of the guardian authority

Seat of the adult protective services

Enclosed: Copy of the decision by the adult protective service regarding the appointment of a guardian (operative part of the decision)

2. Child(ren)

Please provide details of the newborn child(ren) giving right to a maternity allowance:

Last name

First name

Date of birth

dd, mm, yyyy

dd, mm, yyyy

dd, mm, yyyy

Enclosed: Copy of the birth certificate(s) or the family record book.

Copy of the medical certificate confirming the length of the pregnancy (only if the birth occurred before the 40th week of pregnancy, and the mother was not continuously insured with the Swiss AHV scheme during the 9 months prior to her due date).

3. Period of insurance

3.1 Were you resident outside Switzerland at any time during the 9 months prior to the delivery?

yes no

If yes:

from to State Please fill in
dd, mm, yyyy dd, mm, yyyy

3.2 At the time of delivery or when resident outside Switzerland in the 9 months prior to the delivery were you gainfully employed in an EU or EFTA member state?

yes no

If yes:

from to State
dd, mm, yyyy dd, mm, yyyy

Details of employer in EU/EFTA member state:

Name Street, number
Post code, town Phone

Enclosed: Original certificate of periods of insurance and employment in an EU/EFTA member state (Form E 104)

4. Employment details

You must provide details of **all** your employers during this period. The supplementary application form (Form 318.751) must be sent to **one compensation fund**. Multiple maternity allowance claims are not permitted..

4.1 Were you gainfully employed prior to delivery?

As an employee?

Name and address of **all** employers:

Please complete **Section B**

Enclosed: Form 318.751

Enclosed: Form 318.751

Self-employed?

Primary activity Accessory activity

Competent compensation fund

Affiliate no.

Enclosed: Copy of the contribution decision issued by the compensation fund.

4.2 At the time of delivery or in the nine months leading up to the delivery, were you prevented, either partially or wholly, from working due to ill health (including pregnancy-related problems) or an accident?

yes no

Accident Illness

Did you receive accident insurance benefits or a daily sickness allowance?

yes no

Enclosed: Copy of pay slips issued from the onset of the incapacity to work to the date of delivery

4.3 At the time of delivery or in the 9 months prior to the delivery were you unemployed?

yes no

If yes:

from

to

dd, mm, yyyy

dd, mm, yyyy

Did you receive unemployment benefits?

yes

Enclosed: Copy of the account statements of daily unemployment benefits received prior to the birth of the child.

no

Enclosed: Form certificate of employment (Form 318.752)

B To be completed by the employer

Please provide details of the last salary subject to AHV contributions paid to the employee prior to delivery. These should not take into account any impact that the pregnancy or subsequent delivery may have had on the employee's salary.

a) Last monthly salary subject to AHV contributions x12 x13

b) Hourly wage (excl. 13th salary and holiday compensation; regardless of any pregnancy-related health problems) Hours worked / week

c) Other earnings: salary subject to AHV contributions of the last four weeks

d) Wages in kind (food and accommodation) or total salary (for family co-workers) Hour Month 4 weeks Year

e) Other forms of remuneration (bonuses, commission, tips, pro-rata amount of 13th salary for hourly wage, etc.) Hour Month 4 weeks Year

f) Employment duration from to
dd, mm, yyyy dd, mm, yyyy

g) Was the claimant on a temporary contract? yes no

h) Do you pay the claimant a salary during the 98 days of maternity leave? yes
 no until?
dd, mm, yyyy

i) Do you pay the claimant a maternity allowance minus deductions? yes no

j) Is the employee taxed at source? yes no

k) Has the employee been in receipt of daily allowance due to sickness or an accident at any time during the 9 months preceding delivery? yes no
Name of the insurer(s):

I) For individuals whose wages vary

Income subject to AVS contribution during the 9 months preceding delivery
(without daily allowances from the accident or health insurance)

Year	Year
<input type="text"/>	<input type="text"/>
January	<input type="text"/>
February	<input type="text"/>
March	<input type="text"/>
April	<input type="text"/>
May	<input type="text"/>
June	<input type="text"/>
July	<input type="text"/>
August	<input type="text"/>
September	<input type="text"/>
October	<input type="text"/>
November	<input type="text"/>
December	<input type="text"/>

Absences due to illness or accident which
incurred a reduction in salary

(please state: I = illness / A = accident)

from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>
from	to	
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Instead of filling out this table, you may enclose a copy of the payroll journal with the present application form.

Employer details:

Name	Company affiliate no
<input type="text"/>	<input type="text"/>

Contact

Phone	E-mail
<input type="text"/>	<input type="text"/>

In which canton was the claimant employed prior to delivery?

C Payment of maternity allowance

The maternity allowance will be paid to:

- the employer (paid into or credited to the next contribution account)
- directly to the claimant, on the following bank or postal account

Name of account holder

Name and address of bank/post office

IBAN no.

Any request for the payment of the maternity allowance to a third party or the authorities must be accompanied by (Form 318.182) and reasons must be given for this request (form available from the compensation funds or at www.ahv-iv.ch).

Comments

Important information and signature

The maternity allowance will be paid only as long as the employee has effectively ceased any lucrative work during her maternity leave, and for a maximum of 14 weeks. The maternity allowance will also be paid out if the person concerned does not return to work after her 14-week maternity leave has expired.

The employee or the employer pledge to inform immediately the AHV Compensation Fund should the employee return to work before the end of her maternity leave, due to the fact that any entitlement to further allowances will lapse as the result of such action. Maternity allowance paid unduly must be reimbursed. Penalties may be imposed in the event of a deliberate violation of the duty of disclosure.

We, the undersigned, confirm that we have read and agree to the above conditions, and declare that the information we have provided herein is accurate:

Place and date

Signature of the applicant or representative

Place and date

Signature of the employer

Please do not tack the documents together.

Enclosed:

- Copy of mother's ID or family record book
- Copy of child's birth certificate or family record book

Where applicable:

- Copy of the decision by the adult protective service regarding the appointment of a guardian (operative part of the decision)
- Copy of the medical certificate confirming the length of the pregnancy (only if the birth occurred before the 40th week of pregnancy and the mother was not continuously insured with the Swiss AHV scheme during the 9 months prior to her due date)
- Original certificate of periods of insurance and employment in an EU/EFTA member state (E 104 form)
- Copy of the contribution decision issued by the compensation fund (for self-employed applicants)
- Copy of the account statements for daily accident/sickness benefits received since the onset of the incapacity to work
- Copy of account statements for unemployment benefits received prior to the birth of the child
- Original form certificate of employment (Form 318.752)
- Original request for the payment of the maternity allowance to a third party (Form 318.182)