

Supplementary Maternity Allowance Application Form



A 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.

You can find your Social Security number also on your swiss health insurance card.

B Salary details

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):

C Payment of maternity allowance

The maternity allowance will be paid to:

- the employer (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.info).

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.

The employer confirms that he has read and agreed to the above conditions, and declares that the information he has provided herein is accurate:

Place and date

Signature of the employer

Please do not tack the documents together.

Enclosed:

- Copy of account statements for unemployment benefits received prior to the birth of the child
- Request for the payment of the maternity allowance to a third party (Form 318.182)
- Copy of the account statements for daily accident/sickness benefits received since the onset of the incapacity to work