



Application for family allowances: supplementary sheet 2
Further employers

A	<p>Specification of further employers</p> <p><u>2nd employer</u></p> <p><input type="checkbox"/> applicant's employer <input type="checkbox"/> spouse's or registered partner's employer</p> <p><input type="checkbox"/> other parent's employer (living in a separate household)</p> <p>Company's name und adress: _____</p> <p>Contact: _____ Phone: _____</p> <p>Employed since: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> full time <input type="checkbox"/> _____ % workload <input type="checkbox"/> headquarters <input type="checkbox"/> branch / operating site</p> <p>01 AVS-compulsory annual salary: Fr. _____ <input type="checkbox"/> field service <input type="checkbox"/> home office</p>
02	<p><u>3rd employer</u></p> <p><input type="checkbox"/> applicant's employer <input type="checkbox"/> spouse's or registered partner's employer</p> <p><input type="checkbox"/> other parent's employer (living in a separate household)</p> <p>Company's name und adress: _____</p> <p>Contact: _____ Phone: _____</p> <p>Employed since: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> full time <input type="checkbox"/> _____ % workload <input type="checkbox"/> headquarters <input type="checkbox"/> branch / operating site</p> <p>AVS-compulsory annual salary: Fr. _____ <input type="checkbox"/> field service <input type="checkbox"/> home office</p>
03	<p><u>4th employer</u></p> <p><input type="checkbox"/> applicant's employer <input type="checkbox"/> spouse's or registered partner's employer</p> <p><input type="checkbox"/> other parent's employer (living in a separate household)</p> <p>Company's name und adress: _____</p> <p>Contact: _____ Phone: _____</p> <p>Employed since: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> full time <input type="checkbox"/> _____ % workload <input type="checkbox"/> headquarters <input type="checkbox"/> branch / operating site</p> <p>AVS-compulsory annual salary: Fr. _____ <input type="checkbox"/> field service <input type="checkbox"/> home office</p>
B	<p>Comments</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>04</p>
C	<p>Commitment and signature</p> <p>I, the undersigned, certify that all the information given in this application is true and complete. I take notice that family allowances paid on the basis of false information or concealment of facts will have to be returned. Furthermore, I am obligated to immediately inform the family allowances compensation office of all changes, which could influence the entitlement to allowances (e.g. change of civil status, number of children and their place of residence, terms of employment). In the event of negligence or abuse, the family allowances compensation office is able to take legal action.</p> <p>_____</p> <p>Date and place Signature</p> <p><u>Enclosures (copies):</u></p> <p>05 <input type="checkbox"/> confirmation from the employer / family allowances compensation office stating whether family allowances are already paid or not</p>