

Details of the insured person for the month _____

1. **Have you worked for one or several employers?** Yes No

If yes, from _____ to _____ employer: _____

from _____ to _____ employer: _____

(please enclose statement(s) on income from work while registered unemployed and salary statement(s))

2. **Have you been self-employed?** Yes No

If yes, from _____ to _____

(Please enclose documentary evidence/statements)

3. **Have you taken part in any labour-market measure?** Yes No

4. **Were you unable to work?** Yes No

Registered on _____ at _____

Due to illness: from _____ to _____

Due to accident: from _____ to _____

(Please include medical certificate)

For other reasons? If so, which? _____ from _____ to _____

Do you have a sick pay insurance? Yes No

5. **Have you completed any military or civil service/civil defence service?** Yes No

If so, from _____ to _____

6. **Have you been on holiday?** Yes No

If so, from _____ to _____

Were you absent for other reasons? Yes No

If so, why? _____ from _____ to _____

Have you changed your maintenance obligation or the maintenance obligation of your spouse or registered partner for children under age 18 or children in education?

..... Yes No

(If so, please enclose the birth certificate, apprentice contract, confirmation from education institution and/or diploma).

7b **Is any other person (e.g. other parent) entitled to child and/or educational allowances?**

Yes No

8. **Have you applied for or received benefits from any other Swiss or foreign social security fund (e.g. disability/IV, SUVA, occupational pension scheme, early withdrawal of AHV pension)?**

Yes No

(If so, please enclose copies of the decision and the statement)

9. **Are you seeking the same volume of work (%) as the month before?** Yes No

If not, what is the total percentage of working time you are seeking? _____% from when? _____

10. Are you still unemployed?

Yes No

Work started on _____
