AHV AVS AI IV

Social security in Switzerland

Valid as of 1st January 2026



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Abbreviations

AA	Accident and occupational diseases insurance
AB	Adoption allowance
AC	Unemployment insurance
AFam	Family allowances
AFMP	Agreement on the free movement of persons
AMal	Health insurance
CB	Care allowance
DI	Disability insurance
EFTA	European Free Trade Association
EHIC	European Health Insurance Card
EO	Loss of income insurance in the event of military service, maternity, for the other parent, caring for a seriously ill child and adoption
EU	European Union
FOPH	Swiss Federal Office for Public Health
FSIO	Federal Social Insurance Office
HMO	Health Maintenance Organisation
IK	Individual account
KVG	Federal Law on Health Insurance
LAFam	Federal Law on Family Allowances
LFA	Federal Law on Family Allowances in Agriculture
LOB	Federal Law on Occupational Benefits
MB	Maternity allowance
OASI	Old-age and survivors' insurance
PB	Parental allowance

PP	Occupational benefit plan
SECO	State Secretariat for Economic Affairs
SFBL	Swiss Federal Office for Buildings and Logistics
SUVA	Swiss National Accident Insurance Fund
TB	Transition benefits for older unemployed persons
UVG	Federal law on accident and occupational disease insurance

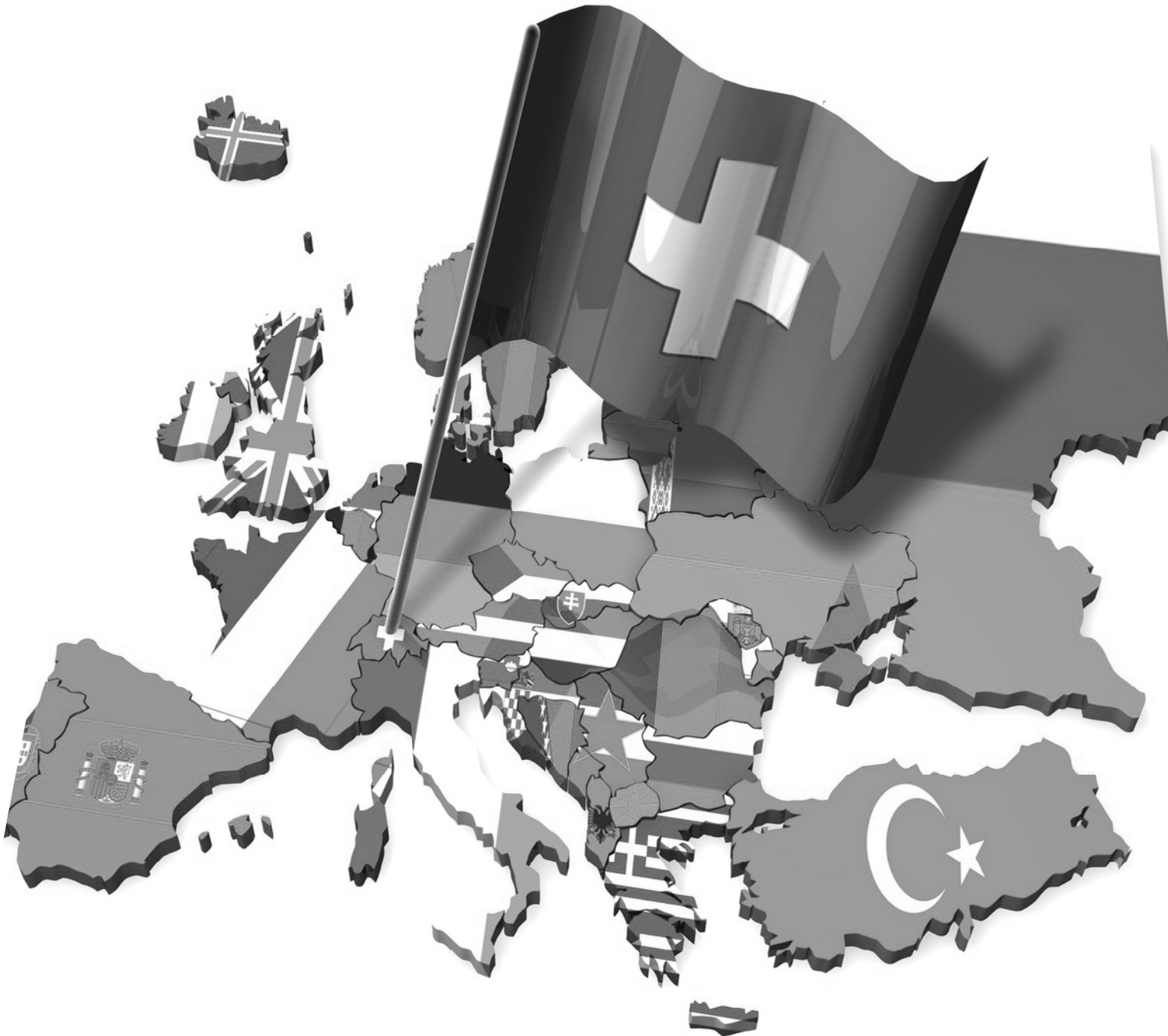
The facts at a glance

This brochure is aimed at Swiss employers and anyone who is subject to the Swiss social security system by living or working in Switzerland, regardless of their nationality.

It only provides an overview of the Swiss social security system. Decisions on individual cases, however, are made in accordance with the relevant legislation.

Additional information can be found on the website dealing with both old-age and survivors' insurance and disability insurance: *www.ahv-iv.ch*. This brochure is regularly updated at *www.ahv-iv.ch*. Subscribe now to our newsletter at *www.ahv-iv.ch/newsletter* and stay up to date with all the latest information.

Persons subject to the Swiss social security system



General information

Who is subject to the Swiss social security system?

As a general rule, anyone working or living in Switzerland.

Anyone who is gainfully employed in Switzerland is subject to the Swiss social security system. The same applies to anyone living in Switzerland and not in gainful employment. However, there are exceptions to this rule; these are set out in the social security agreements concluded by Switzerland. As a general rule, each person is insured on an individual basis.

Persons who are subject to the Swiss social security system pay contributions and as such are entitled to benefits. Under certain conditions, some are also entitled to have their contributions reimbursed.

Bilateral agreements on social security concluded by Switzerland

What is a bilateral agreement on social security?

A regulation governing social security between two states.

A bilateral agreement on social security determines the rights and obligations of a citizen from one contracting state in relation to the social security system of another contracting state. The aim is to ensure the equal treatment of citizens from both Switzerland and the other state. Switzerland has concluded bilateral agreements on social security with a number of states, hereinafter called contracting states.

Contracting states	
Albania (AL)	Montenegro (ME)
Australia (AU)	North Macedonia (NMK)
Bosnia and Herzegovina (BA)	Philippines (PH)
Brazil (BR)	San Marino (SM)
Canada[A] (CA)	Serbia (RS)
Chile (CL)	South Korea[B] (KR)
China[B] (CN)	Tunisia (TN)
India[B] (IN)	Turkey (TR)
Israel (IL)	United Kingdom (UK)
Japan (JP)	Uruguay (UY)
Kosovo (XK)	USA (US)

[A] Switzerland and Quebec (QC) have concluded a specific social security agreement.

[B] Subjugation only.

Switzerland has also concluded bilateral social security agreements with EU and EFTA member states:

EU and EFTA member states with which Switzerland has concluded a bilateral agreement on social security		
Austria (AT)	France (FR)	Netherlands (NL)
Belgium (BE)	Germany (DE)	Norway (NO)
Bulgaria (BG)	Greece (GR)	Portugal (PT)
Croatia (HR)	Hungary (HU)	Slovakia (SK)
Cyprus (CY)	Ireland (IE)	Slovenia (SI)
Czech Republic (CZ)	Italy (IT)	Spain (ES)
Denmark (DK)	Liechtenstein (LI)	Sweden (SE)
Finland (FI)	Luxembourg (LU)	

Existing bilateral social security agreements between Switzerland and individual EU member states have been largely superseded by the Agreement on the free movement of persons (AFMP). They remain applicable only for persons who are not covered by this agreement, i.e., non-Swiss nationals and citizens of a state which is not an EU member state.

The bilateral agreements on social security concluded with Liechtenstein and Norway have been superseded by the revised EFTA Convention. However, the original agreements remain applicable for persons who are neither Swiss nor citizen of another EFTA state.

Which types of insurance are covered?

Primarily old-age, survivors' and disability insurance.

All bilateral social security agreements concluded by Switzerland apply to the legal provisions governing the following types of insurance:

- old-age and survivors (OASI)
- disability (DI)

Individual agreements also contain legal provisions governing:

- accident insurance (AA)
- health insurance (Amal)
- family allowances (AFam)

The agreement with the United Kingdom covers all these types of insurance, with the exception of family allowances, and also contains legal provisions on:

- maternity/paternity
- unemployment

Who is covered by these agreements?

Swiss nationals and citizens of the contracting states are covered by these bilateral social security agreements. They may also apply to nationals from a third state in the event of a temporary posting abroad.

The agreements affect:

- Swiss nationals and nationals of the contracting state, as well as members of their families or their survivors, in principle regardless of their nationality
- refugees and stateless persons, as well as members of their families and their survivors, when they reside on Swiss territory or on the territory of the contracting state (with the exception of agreements with San Marino and Turkey)
- third-country nationals in the case of posted employees

As a general rule, persons who have neither Swiss nationality nor the nationality of a contracting state (unless they are family members or survivors in the above sense) are not affected by the bilateral conventions, except in the case of posted employees or sometimes the rules of subjection in general.

The existing bilateral agreements on social security between Switzerland and the EU member states only remain applicable to individuals who are not covered by the AFMP. The bilateral social security agreements concluded with Liechtenstein and Norway only remain applicable to individuals who are not covered by the revised EFTA Convention.

To which social security system must persons contribute if they are gainfully employed in only one state?

To the social security system in the state where they work.

As a general rule, Swiss nationals and citizens of a contracting state who work in only one state are subject to the social security system of that state, even if they live in another contracting state or their employer's headquarters are in another contracting state.

To which social security system must persons contribute if they are gainfully employed both in Switzerland and a contracting state?

To the social security system in the state where they work, for the corresponding gainful activity.

Swiss nationals or citizens of a contracting state who are gainfully employed in both states are subject to Swiss legislation insofar as their work in Switzerland is concerned, and to the legislation of the contracting state, insofar as their work in that state is concerned.

The self-employment

- The agreements concluded with India, Canada/Quebec, the Philippines, South Korea and the United States allow for one exception. If a person is self-employed in either or both contracting states and is resident in one of these states, he or she is only subject to the social security system of their state of residence.

Special provisions

- Special provisions apply to employees of international transport companies (road, rail, air, maritime), officials, as well as embassy and consular staff.
- The agreement with the United Kingdom contains special provisions regulating the insurance system for persons simultaneously employed in both states.

Persons not in gainful employment

- Persons who are not in gainful employment are subject to the social security system of their state of residence.

The Agreement on the Free Movement of Persons (AFMP) and the EFTA Convention

In which states do the AFMP and the EFTA Convention apply?

In the 27 EU and the 4 EFTA member states.

The AFMP applies to Switzerland and the 27 EU member states.

The EFTA Convention applies exclusively to the 4 EFTA member states.

EU member states

Austria (AT)	Estonia (EE)	Italy (IT)	Portugal (PT)
Belgium (BE)	Finland (FI)	Latvia (LV)	Romania (RO)
Bulgaria (BG)	France (FR)	Lithuania (LT)	Slovakia (SK)
Croatia (HR)	Germany (DE)	Luxemburg (LU)	Slovenia (SI)
Cyprus (CY)	Greece (GR)	Malta (MT)	Spain (ES)
Czech Republic (CZ)	Hungary (HU)	Netherlands (NL)	Sweden (SE)
Denmark (DK)	Ireland (IE)	Poland (PL)	

EFTA member states

- Iceland (IS)
- Liechtenstein (LI)
- Norway (NO)
- Switzerland (CH)

Who is covered by the AFMP and by the EFTA Convention?

The AFMP applies to nationals of Switzerland and the relevant EU member states who move from Switzerland or to an EU member state or vice versa.

The EFTA Convention applies to nationals of EFTA member states who move states within EFTA.

The AFMP applies to Swiss nationals and to citizens of an EU member state who are or were subject to the social security legislation of one or more of these states. The AFMP also covers the family members or surviving dependents of these persons, as well as stateless persons and refugees living in Switzerland or in an EU member state.

The EFTA Convention applies to Swiss nationals and to citizens of another EFTA member state who are or were subject to the social security legislation of one or more of these states. The EFTA also covers the family members or surviving dependents of these persons, as well as stateless persons and refugees living in Switzerland or in an EFTA member state.

The AFMP and the EFTA Convention do not apply to persons who are neither Swiss nationals nor citizens of an EU or EFTA member state (except for their family members or surviving dependants – see above). These persons remain subject to the bilateral social security agreements concluded between the two states concerned. For further information, please contact the relevant compensation office.

What is the aim of the AFMP and the EFTA Convention in relation to social security?

To coordinate the various national social security systems.

Under both the AFMP and the EFTA Convention the various national social security systems are coordinated. This does not mean, however, that they have been standardised. Each contracting state will maintain the structure, form and scope of the benefits provided by its own social security system.

The main points of these two agreements are:

- equal treatment of Swiss nationals and citizens of EU member states, as well as the equal treatment of Icelandic, Liechtenstein, Norwegian and Swiss nationals
- mitigation or elimination of any negative effects on an person's insurance cover due to moving to a different state for the purpose of employment or residency

The AFMP and the EFTA Convention supersede existing bilateral agreements on social security between Switzerland and individual EU/EFTA member states. The existing agreements remain applicable for persons not covered by the AFMP or by the EFTA Convention.

What types of insurance are covered by the AFMP and the EFTA Convention?

All types of social insurance with the exception of social assistance.

The AFMP and the EFTA Convention apply to all legal provisions regarding the coverage of the risks of:

- old age
- disability
- death (survivors' benefits)
- illness
- maternity and paternity
- accidents at work and occupational diseases
- unemployment
- unemployment in old age
- concerning family allowances

Social assistance is not covered by either the AFMP or the EFTA Convention.

To which social security system must persons contribute if they are gainfully employed?

As a general rule, to the social security system of one single state.

Persons who are in gainful employment are generally subject to one national social security system, even if they work in more than one state. This means that they must pay insurance contributions solely in the relevant state.

To which social security system must persons contribute if they are gainfully employed in only one state?

To the social security system of the state in which they are working.

As a general rule, Swiss nationals and citizens of an EU/EFTA member State who are gainfully employed in only one state must contribute to the social security system in that state, even if they are resident in a different state or if the company's headquarters or their employer is located in a different state.

To which social security system must persons contribute if they are gainfully employed in several states?

To the social security system of the state in which they live, as long as a substantial part of their gainful employment takes place there.

As a general rule, Swiss nationals and citizens of an EU member state who work either as an employee or who are self-employed in several states (**Switzerland and EU**) are subject to the social security system of their state of residence.

However, if they are not employed in their state of residence or carry out less than 25 % of their working time there, they are subject to the social security system of the state where their employer's headquarters are located (Switzerland or the EU).

Persons who are self-employed in several states (Switzerland or the EU) but live in another state are subject to the social security system of the state in which the centre of interest of their activities is situated.

Swiss nationals and citizens of an EU member state who work for several employers whose headquarters are located in two states (Switzerland and the EU) are subject to the social security legislation of the other state (where they do not live).

Swiss or EU nationals who work for several employers, of whom at least two are based in different states (Switzerland and the EU) other than the state of residence, are subject to the legislation of the state of residence, even if they do not carry out a substantial part of their activity there.

Swiss nationals and citizens of an EU member state who are simultaneously employed and self-employed in several states (Switzerland and the EU) are subject to the social security legislation of the state in which they pursue their salaried activity.

Within the international relations between Switzerland and the EU, specific legislations do apply, in particular for employees in civil aviation, maritime personnel and for civil servants.

The above provisions also apply to Swiss nationals or citizens of an EFTA member state, who work simultaneously in several states (**Switzerland and EFTA**).

Switzerland and a number of EU/EFTA states have concluded an agreement on habitual cross-border telework. For an up-to-date list of signatory states, see: *https://socialsecurity.belgium.be/en/internationally-active/cross-border-telework-eu-eea-and-switzerland*. This agreement concerns, in particular, persons who work for an employer in Switzerland and who carry out telework (using IT means) for an employer in their state of residence, which is a signatory state to the agreement. Provided that they do not carry out other activities and that their habitual cross-border telework represents less than 50 % of the total working time, these persons may remain insured in Switzerland on request.

Temporary posting

What is posting?

Temporary posting is an exception to the general rules governing social security contributions. The exception only applies if a relevant convention or agreement on social security has been concluded.

As a general rule, anyone in gainful employment is subject to the social security system of the state where they work. Temporary posting is an exception to this rule.

To which social security system must persons regularly insured in a foreign contracting state contribute if they are temporarily posted in Switzerland?

To the social security system of the state where they are regularly insured.

If a person is temporarily posted to another state for employment purposes, he or she may, under certain circumstances, remain subject to the social security system of the posting state.

Bilateral social security agreements, the AFMP and the EFTA Convention allow individuals in gainful employment who were originally subject to the social security system of another state to continue to be insured there even if they are temporarily posted in Switzerland.

Likewise, persons who are gainfully employed in Switzerland and temporarily posted abroad continue contributing to the Swiss social security system.

What is the maximum period of time allowed for a posting?

It varies across contracting states.

As a general rule, posting refers to temporary or exceptional employment abroad.

EU and EFTA member states allow for a maximum of 24 months.

In certain instances, posting may be extended to a total of five to six years.

Maximum length of posting	
EU and EFTA member states	24 months
San Marino	12 months
Albania, Bosnia and Herzegovina, Israel, Montenegro, North Macedonia, Philippines, Serbia, Tunisia (self-employed), Turkey, United Kingdom and Uruguay	24 months
Chile	36 months
Australia, Brazil, Canada/Quebec, Kosovo, Japan, Tunisia (salaried) and USA	60 months
China, India and South Korea	72 months

Can a worker be temporarily employed in a state with which Switzerland has not concluded a social security agreement or vice versa?

Yes, it is not a posting, but a continuation of insurance. The individual is subject to the insurance system of the temporary host state, even if he or she is already insured in the state of origin.

Individuals usually insured in Switzerland who are temporarily employed in a state with which Switzerland has not concluded any social security agreement may under certain circumstances remain insured in Switzerland. However, this does not exempt him or her from the social security obligations of the host state.

For more detailed information, see the information brochures on posted workers and postings available on *www.bsv.admin.ch*.

Health care insurance

To which health care insurance system must individuals contribute, if they are receiving unemployment benefits?

To the insurance system of the state competent for unemployment benefits.

To which health care insurance system must individuals contribute if they are receiving a pension?

It depends on the pensioner's personal situation.

Citizens of an EU/EFTA member state who are beneficiaries of a pension by only one EU/EFTA member state, but who have their residency in another EU/EFTA member state, have to contribute to the health care insurance system of the state that pays this pension.

In all other cases, the beneficiaries are subject to the legislation of their state of residence. The agreement with the United Kingdom contains special provisions.

Individuals receiving a pension from more than one state, whilst living in one of those states, are generally subject to the health care system of the state where they live. If they do not receive a pension from their state of residence, they are subject to the health care system of the state where they have been insured for the longest period of time.

Health care for family members not in gainful employment

- Unemployed family members of a person in gainful employment who are receiving either unemployment benefits or a pension, are as a general rule, subject to the same health care system as the person in gainful employment, even if they live in a different state.

Other persons not in gainful employment

- Individuals not in gainful employment, who are neither unemployed, nor receiving a pension and who don't have a family member in gainful employment, are subject to the health care system of the state in which they live.

Basic features of the Swiss social security system



What benefits does the Swiss social security system offer?

Protection from social risks.

Switzerland has a close-knit network of different types of social insurance schemes. These offer persons working or living here, and their family members, broad protection against risks with financial consequences which could not be covered without insurance.

What is the structure of the Swiss social security system?

It is divided into five distinct areas.

The Swiss social security system includes the following five areas:

- old-age, survivors' and disability insurance (the three-pillar system)
- insurance coverage in case of illness and accident
- income compensation allowances in the event of compulsory service and in case of maternity, for the other parent, caring for a seriously ill child or adoption
- unemployment insurance, and
- family allowances

These different types of insurance schemes offer protection from social risks in the form of pensions, compensation for loss of earnings or family allowances, or by covering expenses due to illness, maternity, for the other parent, caring for a seriously ill child, adoption or accident.

The three-pillar system

Three pillars support the old-age, survivors' and disability pension scheme:

- The first pillar – old age, survivors' and disability insurance – is a general compulsory insurance for everyone. Its aim is to cover basic living costs
- The second pillar is the occupational benefit plan. Together with the first pillar, it aims to ensure that the insured persons maintain their previous standard of living in an appropriate way
- The third pillar consists of voluntary individual provident measures

State-run provident measures (Old-age, survivors' and disability insurance)	**Occupational benefit plan**	**Individual provident measures**
		
Compulsory for everyone	Compulsory for salaried persons*	On a voluntary basis

* For all salaried persons who contribute to the old-age, survivors' and disability insurance and whose annual income exceeds 22 680 Swiss francs (in 2025).

How is the Swiss social security system financed?

By contributions levied on income, per capita premiums and public funding.

The benefits paid out by the different social security funds are first and foremost financed by contributions levied on income (employee and employer, the self-employed and individuals not in gainful employment). For health insurance, each individual pays a premium. The public authorities contribute different amounts to the social insurance funds (old-age, survivors and disability) or finance them completely (supplementary benefits or transition benefits for older unemployed persons); or subsidise premiums for individuals with particularly low income (reduced health insurance premiums).

Financing of the Swiss social security system

Method of financing					
Areas of Swiss social security	Contributions from employers and employees	Contributions from the self-employed	Contributions from individuals non in gainful employment	Per capita premiums	Public authorities contributions
Old-age and survivors' insurance	●	●	●		●
Disability insurance	●	●	●		●
Loss of income compensation	●	●	●		
Occupational benefit plan	●	●**			
Health insurance				●	●
Accident and occupational diseases insurance	●	●**		●	
Unemployment insurance	●				
Family allowances	●*	●	●***		●****

* Only employers pay contributions (except in Valais where employees also contribute).
** Self-employed workers may contribute voluntarily to occupational provident measures and to accident insurance.
*** Depending on the cantonal legislation in force.
**** For family allowances for persons not gainfully employed and persons working in agriculture.

Old-age and survivors' insurance (OASI)



General information

What is the OASI?

An insurance scheme which offers cover for retired persons and surviving dependents.

The OASI is the main pillar of social insurance in Switzerland. Its aim is to to ensure that the minimum subsistence level is met if earned income is reduced or ceases entirely due to retirement or death.

OASI Compensation offices

- The OASI compensation offices are responsible for collecting contributions and paying out old-age and survivors' insurance benefits.

Who is insured by the OASI?

Anyone who lives or works in Switzerland.

Compulsory OASI covers:

- all persons domiciled in Switzerland
- all persons working in Switzerland.

Contributions

Who pays OASI contributions?

Anyone insured under the OASI scheme.

Anyone working in Switzerland must pay contributions. Persons without gainful employment domiciled in Switzerland are also subject to the contribution obligation. However, they are exempt from this obligation if their spouse or registered partner who is gainfully employed and considered active within the meaning of the OASI pays at least double the minimum OASI contribution, which is 530 Swiss francs per year. Employees' contributions are deducted from their salary by the employer and paid into the OASI compensation fund together with the latter's contribution.

An income of less than 2 500 Swiss francs per calendar year (insignificant income) deriving from a part time salaried or independent activity is only subject to insurance contributions at the request of the insured person. However, contributions must always be paid on the salaries of persons employed in private households (young people up to the age of 25, earning less than 750 Swiss francs are exempted from the obligation to contribute to the OASI). The same rules apply to those persons who are remunerated by dance and theatre producers, orchestras, choirs, producers of phonographic and audio-visual services, radio and television, electronic media and print media, design companies, museums as well as those employed by schools in the artistic domain (However, there is no exemption for income up to 750 Swiss francs earned by young people up to the age of 25).

For how long are contributions compulsory?

The period of contribution depends on whether or not the person is gainfully employed.

From 1st January of the year following their 17th birthday, persons in gainful employment must pay OASI contributions until they cease their gainful employment.

Insured persons who are not gainfully employed start paying contributions on the 1st January following their 20th birthday until they reach the reference age.

Non-payment of contributions may lead to a reduction in benefits.

Do people who have reached the reference age and are still gainfully employed have to pay contributions?

The obligation to pay contributions still applies.

Persons who have reached the reference age, but are still gainfully employed, must nevertheless continue to pay contributions. For these persons, however, there is an exemption of 16 800 Swiss francs per year that is not subject to the contribution obligation. Contributions are levied on the portion of earned income that exceeds this amount. However, it is possible to waive the exemption and pay contributions on the entire earned income.

How are OASI contributions calculated?

For those in gainful employment, contributions are based on income. For those not in gainful employment, contributions are based on the financial situation.

In the case of salaried individuals, the employee and the employer each pay half of the total contribution, i.e., 4.35 % of the determining income each, with no upper limit. The employer must transfer the total contribution directly to the OASI compensation office.

Self-employed persons pay a contribution of 8.1 % of their income to their compensation fund, with no upper limit. However, if the annual income is less than 60 500 Swiss francs, but at least 10 100 Swiss francs the rate is progressively reduced to 4.35 % according to a degressive scale.

In the case of persons not in gainful employment, the OASI compensation office sets the contributions according to their social circumstances, which are determined by their assets and twenty times the income received in the form of pensions or benefits. For married persons or registered partners, contributions are calculated on the basis of half of the assets and benefits of both spouses/partners. As a general rule, contributions are based on a tax assessment at cantonal level. The annual OASI contribution varies between 435 to 21 750 Swiss francs.

What is an individual account?

It is used as the basis for calculating pensions.

All earned income, the periods of contribution and any parental and care credits are registered in the individual account. These and any parental credits serve as a basis for calculating an old-age, survivor's or disability pension. Any person who would like to know if the period during which he or she has contributed is complete or whether an employer has in fact reported the salaries to the compensation office can apply to the OASI compensation office in writing or online *(www.ahv-iv.ch)* for a statement of account. All requests should include the person's social security number. This service is provided free of charge.

--> Explanatory video «Individual account statement»

Social Security number

- You can find your Social Security number on your health insurance card or your personal insurance certificate. If you do not yet have an insurance card, please contact your compensation office. A personal insurance certificate is issued to each insured person upon request. The certificate must be kept safe.
- The health insurance card or the personal insurance certificate must be presented to the new employer when changing jobs, and to the appropriate administration office when filing claims for benefits.
- Important: The Social Security number should be mentioned in all correspondence addressed to the social security institutions.

Benefits

What benefits does the OASI offer?

Pensions, helplessness allowances and support/auxiliary means/aids.

The majority of OASI benefits are old-age and survivors' pensions and helplessness allowances. These benefits are adjusted to changes in wages and prices.

--> Explanatory video «Flexible withdrawing of the retirement pension»

Old-age pensions

- Persons who reach the reference age are entitled to an old-age pension. In Switzerland, as of January 1st 2026, the reference age for women is set at 64 years and 6 months. The reference age for men is at 65. As of January 1st 2025, the reference age for women will gradually increase by three months per year, from 64 to 65. From 2028, the reference age will be 65 for both men and women. The monthly old-age full pension ranges from a minimum of 1 260 Swiss francs to a maximum of 2 520 Swiss francs. In case of an incomplete contribution period, a partial pension will be paid. The total old-age pensions paid to a married couple or both members of a registered partnership may not exceed 150 % of the total maximum old-age pension, namely 3 780 Swiss francs.

Old-age pensions

- Insured persons may anticipate the withdrawal of the pension by one or two years. In this case, the pension is reduced by 6.8% per year of advance payment. Special provisions apply to women born between 1961 and 1969. Early withdrawal can also be requested on a monthly basis. On the other hand, those who postpone the pension withdrawal (from one to maximum of five years) receive a higher pension. The increase depends on the duration of the postponement. It is also possible to advance or postpone only part of the pension (between 20 % and 80 % of the full pension). A combination of partial advance and partial deferral is also possible.

Children's pensions

- In addition to the old-age pension, parents of children who are not yet 18 or 25 in case of apprenticeship or on-going education are entitled to a child's pension. It amounts to 40 % of the given old-age pension, i.e., a minimum of 504 Swiss francs and a maximum of 1 008 Swiss francs per month, in the case where the period of contributions is complete. If both parents are entitled to a child's pension, the total of these two pensions may not exceed 60 % of the maximum total of old-age pensions, i.e., 1 512 Swiss francs per month.

Widows'/widowers' pensions

- Women whose spouse has died may claim a widow's pension,
  - if they have one or several children at the time of the spouse's death. The mother's wife is also considered a widow with child if she was married to the mother at the time of the birth and if the child has been conceived in accordance with the Reproductive Medicine Act and thus a filial relationship exists (Art. 255a, para. 1, CC), or
  - if at the time of death of their spouse they were at least 45 years old and have been married for at least five years. In the case of multiple marriages, the number of years a person was married will be added together.
- Men whose spouse has died may claim a widower's pension if they have one or more children at the time of the death.
- Divorced persons whose former spouse has died may, under certain conditions, be entitled to such a pension.
- The widows'/widowers' pension is 80 % of the old-age pension (a minimum of 1 008 Swiss francs and a maximum of 2 016 Swiss francs per month for a complete period of contribution).
- A registered partnership is deemed equal to marriage; its dissolution is deemed equal to a divorce; and the surviving registered partner is deemed equal to a widow/widower.

Orphans' pensions

- The OASI pays out orphans' pensions to children whose mother or father has died. If both parents are deceased, the child is entitled to two orphans' pensions.
- Their pension is paid out until the child reaches his or her 18th birthday or 25th in the event of an apprenticeship or on-going education. It is 40 % of the old-age pension (if the period of contributions is complete this equates to a minimum of 504 Swiss francs and a maximum of 1 008 Swiss francs per month). If both parents are deceased, the orphans' pension may be reduced to ensure that the total amount does not exceed 60 % of the maximum old-age pension, i.e., 1 512 Swiss francs per month.

Entitlement to pensions from contracting states

- As a general rule, anyone who has been insured in Switzerland and in several contracting states will receive a partial pension from each state in which they were insured for at least one year. Swiss and foreign pensions are granted independently and may be accumulated, as a general rule, without incurring any reduction. The level of each pension corresponds to the period of insurance cover in the relevant state. If the period of time during which a person was insured in one state is not sufficient to claim a pension, periods of insurance in the other state will be taken into consideration. However, the pension itself will not be increased.

Entitlement to pensions from EU or EFTA member states

- As a general rule, anyone who has been insured in Switzerland and in several EU or EFTA member states will receive a partial pension from each state in which they were insured for at least one year. The level of each pension corresponds to the period of insurance in the relevant state. If the period of time during which a person was insured in one state is not sufficient to claim a pension, periods of insurance in the other state will be taken into consideration. However, the pension itself will not be increased.

The OASI also provides the following benefits:

Helplessness allowances

- Helplessness allowances are aimed at covering the cost of certain types of care. They are paid out to old-age pensioners and those receiving supplementary benefits who are legally resident and normally live in Switzerland on condition that
  - the helplessness is severe, moderate or light and
  - the helplessness has lasted for an uninterrupted duration of at least six months.
- The benefits provided vary according to the degree of helplessness:
  - Severe degree of helplessness:
    1 008 Swiss francs per month (80 % of the minimum old-age pension)
  - Moderate degree of helplessness:
    630 Swiss francs per month (50 % of the minimum old-age pension)
  - Slight degree of helplessness:
    252 Swiss francs per month (20 % of the minimum old-age pension)
- Individuals with a slight degree of helplessness residing in a care home are not entitled to helplessness allowances.

Auxiliary means

- Disabilities associated with old age can be reduced or overcome by the use of aids such as hearing aids and wheelchairs. The OASI contributes to the cost of various auxiliary means to beneficiaries of Swiss OASI old-age pensions residing in Switzerland.

How can a person claim the benefits to which they are entitled?

By applying to the OASI compensation fund to which they most recently contributed.

Persons who wish to claim OASI benefits must submit an application. You can obtain an application form *318.370 – Old-age pension application* from the OASI compensation offices and their branches or from the OASI website at *www.ahv-iv.ch*.

Persons who have never paid Swiss OASI contributions and who wish to claim old-age, survivors' and disability benefits to which they are entitled in an EU, EFTA or Contracting State must submit their claim to the Swiss Compensation Office *(www.zas.admin.ch)*.

Who is entitled to OASI benefits?

Anyone who has paid OASI contributions.

In order to be entitled to OASI benefits,

- a person must prove that he or she has contributed to the system for at least one year, or
- the person's gainfully employed spouse or registered partner must have paid double the minimum OASI contribution for at least one year, or
- the person must be entitled to sufficient bonuses for child-raising or caring for family members.

The same conditions must be met by the deceased in order that their survivors are entitled to survivors' benefits.

When is a person able to claim an old-age pension?

Once the reference age is reached.

As of 2026, the reference age is set at 64 years and 6 months for women and 65 for men. As of January 1st 2025, the reference age for women will gradually increase by three months per year, from 64 to 65. From 2028, the reference age will be 65 for both men and women. A person is entitled to claim an old-age pension on the first day of the month after he or she reaches the reference age. Entitlement expires at the end of the month in which he or she dies.

Practical advice

- It is recommended to submit a pension claim three to four months before reaching the reference age. Benefits are paid retroactively for a limited period only.

--> Explanatory video «Old-age pension application»

How are OASI pensions calculated?

On the basis of the average annual income and the years of contributions.

Three factors determine the pension amount:

- the number of years a person has paid OASI contributions
- earned income, and
- bonuses for child-raising and caring for family members.

Anyone who has contributed for a full period will receive a full pension (44 years: pension scale 44). If a person has not contributed for a full period, he or she will receive a partial pension: a reduction of 1/44 will be made for each missing year of contributions.

Persons who continue to work after the reference age can have their OASI contributions credited up to a maximum of five years after the reference age. By doing so, under certain conditions, they can fill contribution gaps and increase their old-age pension or, if they already have a full contribution period, improve their pension through the additional income (up to the maximum pension in each case). The pension can only be recalculated once after the reference age.

Contributions paid to foreign pension funds and the period during which they were paid cannot be transferred to the OASI system or be taken into consideration in any other way by the Swiss social security system.

--> *Explanatory video «Calculating the old-age pension»*

Bonuses for child-raising

- These bonuses are fictitious income taken into account when calculating the pension. The insured person can claim a child-raising bonus for each year in which she or he had parental responsibility for one or several children under the age of 16. It represents, at the point at which the person in question becomes entitled, three times the annual minimum old-age pension. For married couples or registered partners, the bonus is divided equally between the spouses or registered partners.

Bonuses for caring for family members

- These bonuses are also fictitious income taken into account when calculating the pension. Persons who look after relatives in need of care are entitled to these bonuses if they can easily reach the persons they care for. In contrast to bonuses for child-raising, bonuses for care-taking must be claimed each year from the relevant cantonal compensation office. The caring bonus represents, at the point at which the person in question becomes entitled, three times the annual minimum old-age pension. A bonus for caring and a bonus for child-raising cannot be claimed simultaneously.

What happens if OASI benefits plus any other income do not cover the basic costs of living?

Requests may be submitted for supplementary benefits.

Supplementary benefits are aimed at providing financial help if a pension and other income do not cover the basic living costs of a person. These benefits are paid out only in Switzerland. To be entitled to these benefits, individuals who are not Swiss nationals or citizens of an EU/EFTA member state must have lived in Switzerland for a fixed and uninterrupted period of time.

Who can provide further information on OASI?

The OASI compensation offices.

The OASI compensation offices can provide leaflets with more detailed information. A full list of OASI compensation offices can be found on the following website: *www.ahv-iv.ch*.

Disability insurance (DI)



General information

What is disability insurance?

An insurance scheme which offers cover for disabled persons.

Disability insurance (DI) is compulsory in the same way as old-age and survivors' insurance (OASI). It is aimed at preventing, reducing or eliminating disability through the provision of rehabilitation measures. It also ensures that the basic needs of those suffering from a disability are covered by the provision of rehabilitation measures and cash benefits.

Who is insured under the disability insurance scheme?

Anyone who lives or works in Switzerland.

Disability insurance is compulsory for

- anyone living in Switzerland
- anyone gainfully employed in Switzerland.

Disability

- Disability insurance defines disability as the inability to earn an income, or for the insured person who are not gainfully employed, the inability to continue to carry out day-to-day tasks (e.g., housework) due to a physical, psychological or mental disability. The disability must be long-term (i.e., of a duration of at least one year). It is irrelevant whether the disability is congenital or the result of an illness or accident.

Contributions

Who pays DI contributions?

Persons with compulsory OASI/DI insurance.

Anyone working in Switzerland is obliged to pay contributions. Persons not in gainful employment who are resident in Switzerland are subject to the same obligation.

How are DI contributions calculated?

OASI regulations are also applicable to DI.

Contributions are calculated according to the same regulations which apply to the OASI.

For persons in salaried employment, both the employee and the employer pay a contribution which corresponds to 0.7 % of the income subject to compulsory DI contributions, with no upper limit.

Self-employed persons pay a contribution of 1.4 % of their income , with no upper limit. However, if the annual income is less than 60 500 Swiss francs, but at least 10 100 Swiss francs, the rate is progressively reduced to 0.752 % according to a degressive scale.

An income of less than 2 500 Swiss francs per calendar year (insignificant income) deriving from a salaried or independent is only subject to insurance contributions at the request of the insured person. However, contributions must always be paid on the salaries of persons employed in private households (young people up to the age of 25, earning less than 750 Swiss francs are exempted from the obligation to contribute to the OASI). The same rules apply to those persons who are remunerated by dance and theatre producers, orchestras, choirs, producers of phonographic and audio-visual services, radio and television, electronic media and print media, design companies, museums as well as those employed by schools in the artistic domain. (However, there is no exemption for income up to 750 Swiss francs earned by young people up to the age of 25).

Persons who are not gainfully employed pay between 70 Swiss francs and 3 500 Swiss francs per year, according to their social circumstances.

Benefits

What is the principle behind DI benefits?

Rehabilitation before a pension.

The principal aim of disability insurance is to encourage the rehabilitation and socio-professional reintegration of the disabled to the extent that they can cover their basic needs either fully or at least in part, as well as to guarantee their independence as far as possible.

DI benefits comprise first and foremost rehabilitation measures, aimed at considerably improving and maintaining the recipients' ability to support themselves financially. The disabled should continue to be employed or to carry out day-to-day tasks (e.g., household chores) as far as possible.

A disability pension is a benefit of last resort. It is awarded only when the person continues to suffer from a permanent incapacity to work or to carry out his or her usual activities after all possible rehabilitation measures have been exhausted. A disabled person who relies on assistance from a third party to perform everyday tasks may also claim a helplessness allowance and/or an attendance allowance.

DI benefits consist of

- early detection
- early intervention measures
- rehabilitation measures
- daily allowances
- transition benefits
- helplessness allowances
- attendance allowances
- disability pension
- children's pension

What is the aim of early detection?

To identify people with health problems as early as possible to prevent their health problems from becoming chronic and disabling.

If, on the basis of the medical and occupational information contained in the communication form or gathered during the interview with the insured person, it emerges that he or she is unable to work, threatened with prolonged incapacity to work or disabled, the DI office invites the person to submit a DI application. Early detection allows the DI office to intervene quickly and take preventive measures to promote occupational integration.

What are early intervention measures?

Measures aimed at keeping the insured in their current job when their capacity to work is affected.

The aim of early intervention is swift action to ensure that the insured remains in his or her current job despite his or her health problems, or to assist with his or her reintegration in a new workplace. Early intervention also aims to support young people who are not yet gainfully employed in accessing initial vocational training or finding a first job. Swift intervention helps prevent any deterioration in the insured's health.

The main early intervention measures are:

- adjustments to the workplace
- training courses
- job placement service
- professional advice
- socio-professional rehabilitation
- occupational programmes
- job counselling and coaching

What are rehabilitation measures?

Measures aimed at considerably improving and maintaining the ability of the disabled to support themselves financially.

Insured persons who are disabled or threatened with disability are entitled to rehabilitation measures necessary and appropriate to restore, preserve or improve their earning capacity or their ability to perform their usual duties.

The insured persons are entitled to rehabilitation treatment as soon as such measures are deemed appropriate due to their age and state of health. However, entitlement to reintegration measures in preparation for occupational rehabilitation as well as to occupational measures only arises when the insured provides evidence of his or her entitlement to said benefits.

Rehabilitation measures

In order to ensure that the disabled remain self-supporting or can continue within their area of work, there are various rehabilitation measures in place under the DI scheme. The individual measures include:

- medical measures (until the age of 20 or under certain conditions, up to the age of 25)
- job counselling and coaching
- occupational measures
- reintegration measures in preparation for occupational rehabilitation
- auxiliary means

Occupational measures

Specialists in the DI offices can offer career counselling and job placement services to help persons with health problems return to work. The DI can also cover the costs of a vocational training or vocational rehabilitation programme.

In addition to these measures, the DI has developed a range of incentive measures aimed specifically at employers. These include job trials, loan staff, induction allowance and an allowance in the event that the employee's illness/disability leads to higher premiums for daily sickness benefits insurance or for occupational benefit plans. If the measure takes place in a company, the DI can pay a financial contribution to the employer.

What are reintegration measures?

These are measures aimed at significantly and permanently improving the ability of DI pension recipients to work.

Reintegration measures include job counselling and coaching, reintegration measures in preparation for occupational rehabilitation, occupational measures and the delivery of assistive devices. While these measures are provided, the pension continues to be paid instead of the daily allowance.

What happens when the reintegration measures are finished?

A new disability assessment is undertaken.

Following this review, a decision is made on whether to continue to pay out a pension as before, change the pension rate or discontinue the pension altogether. If the pension is reduced or discontinued, a transition benefit may be awarded when the person concerned is once again unable to work. While the person is in receipt of this benefit, a pension review is undertaken to determine whether the person's degree of disability has changed. Entitlement to a transition benefit lapses when the DI office has reached a decision following the reassessment of the person's degree of disability or when the person no longer meets the eligibility conditions.

Under what conditions is a person entitled to rehabilitation measures?

On payment of contributions or residence in Switzerland.

As a general rule, rehabilitation measures are only awarded in Switzerland. However, they may be paid out abroad under exceptional circumstances. The right to rehabilitation measures abroad is decided on a case-by-case basis.

Entitlement conditions for citizens who are not covered by the AFMP or the EFTA Convention are more restrictive; their right to rehabilitation measures depends on their paid contributions (for those in gainful employment) or the length of residency in Switzerland (for those not in gainful employment) prior to the onset of disability.

Who is entitled to a disability pension?

Anyone with a long-term incapacity to work.

A disability pension is granted when rehabilitation measures have been insufficient to restore, maintain or improve the earning capacity or ability to perform usual duties.

When does entitlement to a disability pension begin?

After examination of the claim.

Entitlement to a pension arises at the earliest when the insured person has been at least 40 % incapacitated for work for one year without considerable interruption and at the end of this year remains incapacitated for work to at least the same extent.

A pension is paid out no earlier than six months after submission of such a claim; for claimants under 18, it cannot be granted before the month after his or her 18th birthday.

To be entitled to an ordinary DI pension, the insured person must have paid Swiss insurance contributions for at least a full three years before the onset of disability. Contribution periods accumulated in EU or EFTA member states, and in selected contracting states may be taken into account if nationals from one of these states have paid Swiss social security contributions for at least one year.

When does the entitlement to a disability pension end?

At the latest upon reaching the OASI reference age.

Entitlement to an DI pension ceases when the conditions are no longer met, but at the latest when the insured person reaches the OASI reference age or draws a full OASI retirement pension in advance.

How is the rate of disability calculated for those in gainful employment?

According to the degree of loss of income (as a percentage).

The degree of disability is estimated by comparing an person's income (i.e., income before and after the onset of disability).

First, the income which the insured person could potentially earn if he or she was in good health is calculated. The income which the insured person could be reasonably expected to earn in light of his or her health problems but after completion of rehabilitation measures is then deducted from the potential income. The resulting total is therefore the loss of income caused by the person's disability. This also indicates the degree of disability, which is expressed as a percentage.

For those who are not gainfully employed (e.g., housewives/househusbands), the degree of disability is evaluated according to their incapacity to carry out their normal usual duties.

How is a disability pension calculated?

According to the degree of disability, the period of insurance and income.

Disability insurance pensions are calculated in the same way as OASI pensions.

Three factors determine the pension amount:

- the number of years a person has paid DI contributions
- earned income
- child-raising and caring bonuses.

Contributions paid into foreign pension funds and the total length of time an person has contributed cannot be transferred to the Swiss DI scheme nor taken into consideration by the Swiss social security system when calculating the pension rate.

The degree of disability determines the pension which the disabled claimant will receive

Degree of disability in %	Pension percentage share
▶ 40 %	25 %
▶ 41 %	27.5 %
▶ 42 %	30 %
▶ 43 %	32.5 %
▶ 44 %	35 %
▶ 45 %	37.5 %
▶ 46 %	40 %
▶ 47 %	42.5 %
▶ 48 %	45 %
▶ 49 %	47.5 %
▶ 50 % - 69 %	the percentage share corresponds to the degree of disability
▶ 70 % - 100 %	full pension

A full disability pension ranges from a minimum of 1 260 Swiss francs to a maximum of 2 520 Swiss francs per month. The total of individual pensions received by a married couple or by the two partners in a registered partnership may not exceed 150 % of the maximum old-age pension, i.e., 3 780 Swiss francs per month.

In addition to the disability pension, a beneficiary may claim a child's pension for children up to the age of 18, or up to 25 if they are still in education or pursuing an apprenticeship. This corresponds to 40 % of the given disability pension (a minimum of 504 Swiss francs and a maximum of 1 008 Swiss francs per month, in the case where the period of contributions is complete). If both parents are entitled to a child's pension provided by either the old-age and survivors' insurance or disability insurance schemes, these two pensions for the same child may not exceed 60 % of the maximum disability pension, i.e., 1 512 Swiss francs per month.

Children's pensions are reduced if, when taken together with the father's and/or mother's pension, they exceed 90 % of the determining annual income.

Entitlement to pensions from contracting states

- As a general rule, anyone who has been insured in Switzerland and in one or more contracting states will receive a partial pension from each state in which they were insured for at least one year. Swiss and foreign pensions are granted independently and may be accumulated, as a general rule, without incurring any reduction. The level of each pension corresponds to the period of insurance cover in the relevant state. If the period of time during which a person was insured in one state is not sufficient to claim a pension, periods of insurance in the other states will be taken into consideration (aggregation). However, the pension itself will not be increased.

Entitlement to pensions from EU/EFTA member states

- As a general rule, anyone who has been insured in Switzerland and in one or more EU or EFTA member states will receive a reduced pension from each state in which they were insured for at least one year. Swiss and foreign pensions are granted independently and may be accumulated without incurring any reduction. The level of each pension corresponds to the period of insurance in the relevant state. If the period of time during which a person was insured in one state is not sufficient to claim pension, periods of insurance in the other states will be taken into consideration. However, the pension itself will not be increased.

When are insured persons entitled to a helplessness allowance?

When the insured person needs assistance to perform day-to-day tasks.

Helplessness allowances are awarded to insured persons who have their domicile and habitual residence in Switzerland and due to health problems permanently require personal supervision or regular help from a third party to perform everyday tasks (e.g., getting dressed/undressed, getting in or out of bed, getting into a seat, and eating). The allowance may be granted from birth provided that the incapacity is likely to persist for more than twelve months. In exceptional circumstances, helplessness allowances may be granted to nationals of a state which has not concluded a social security agreement with Switzerland.

The amount of helplessness allowance varies according to the degree of helplessness:

- Severe degree of helplessness:
  2 016 Swiss francs per month (80 % of the maximum old-age pension)
- Moderate degree of helplessness:
  1 260 Swiss francs per month (50 % of the maximum old-age pension)
- Slight degree of helplessness:
  504 Swiss francs per month (20 % of the maximum old-age pension)

The helplessness allowance rate is quartered for adults living in a nursing home. Insured minors generally receive a helplessness allowance only for those days that they live at home.

If a minor receiving an allowance also requires intensive care, he or she may be granted a supplement.

When can a person claim an attendance allowance?

When the person lives or wishes to live at home, claims a DI helplessness allowance and requires regular assistance.

This allowance enables the person concerned to employ someone to provide him or her with the necessary assistance. The primary aim of the attendance allowance is to help claimants enjoy greater independence, enhance their self-determination, and make it possible for them to continue to live at home.

The rate is calculated according to the time needed to provide the necessary help.

It should be noted that adults and minors who are unable to fully exercise their civil rights must satisfy additional eligibility requirements to receive an attendance allowance.

How can individuals apply for DI benefits?

They must submit a claim.

In order to receive DI benefits, a person must apply to the DI office in their canton of residence. The relevant application form can be obtained from the relevant cantonal DI office, from the OASI compensation office or from the local OASI office. It can also be downloaded from *www.ahv-iv.ch*.

Practical advice

- Applications should be submitted as soon as possible, i.e., as soon as long-term disability can be expected. Applications should not be deferred until health and accident insurance benefits have been exhausted.

What happens if DI benefits are insufficient?

Requests may be submitted for supplementary benefits.

Supplementary benefits are aimed at providing financial help if a pension and other income a person has do not cover basic living costs. These benefits are paid out only in Switzerland. To be entitled to these benefits, individuals who are not Swiss nationals or citizens of an EU/EFTA state must have lived in Switzerland for a fixed and uninterrupted period of time.

Who can provide further information on disability insurance?

The DI offices.

DI offices provide information leaflets. Their addresses are listed on the website: *www.ahv-iv.ch*.

Income compensation allowances in case of service and in case of maternity, for the other parent, caring for a seriously ill child and adoption (EO)



General information

What are benefits for the loss of income due to service or maternity, for the other parent, caring for a seriously ill child and adoption?

An allowance which aims to compensate for the loss of income due to service or maternity, for the other parent, caring for a seriously ill child or adoption of a child under the age of four.

Who is insured under EO scheme?

Anyone living or working in Switzerland.

The following are compulsorily insured by under EO scheme:

- all persons living in Switzerland
- all persons working in Switzerland

Contributions

Who pays contributions to the EO scheme?

Persons subject to compulsory OASI/DI.

Persons subject to compulsory OASI/DI, i.e., anyone living or working in Switzerland, must pay contributions to the EO scheme.

How are EO contributions calculated?

OASI regulations are also applicable to the EO scheme.

Contributions are calculated according to OASI regulations.

For individuals in salaried employment, both the employee and the employer pay a contribution which corresponds to 0.25 % of the relevant income (no upper limit).

Self-employed persons pay a contribution of 0.5 % of their income, with no upper limit. However, if the annual income is less than 60 500 Swiss francs, but at least 10 100 Swiss francs, the rate is progressively reduced to 0.269 % according to a degressive scale.

An income of less than 2 500 Swiss francs per calendar year (insignificant income) deriving from a salaried or independent activity is only subject to insurance contributions at the request of the insured person. However, contributions must always be paid on the salaries of individuals in private households, (young people up to the age of 25 years, earning less than 750 Swiss francs are exempted from the obligation to contribute to the OASI). The same rules apply to those individuals who are remunerated by dance and theatre producers, orchestras, choirs, producers of phonographic and audio-visual services, radio and television, electronic media and print media, design companies, museums as well as those employed by schools in the artistic domain. However, there is no exemption for income up to 750 Swiss francs earned by young people up to the age of 25.

Persons who are not gainfully employed pay between 25 and 1 250 Swiss francs, according to their social circumstances.

Benefits

What benefits does the EO scheme provide and who is entitled to them?

A range of allowances granted to individuals in service and an allowance in case of maternity, for the other parent, caring for a seriously ill child and adoption of a child under the age of four.

Allowances in the event of service

These are in particular granted to individuals serving in the Swiss army or in the Red Cross and to persons carrying out a civil service or a civil defence service. Allowances includes the following:

- basic allowance: 80 % of average income prior to service (daily minimum: 69 Swiss francs; daily maximum: 220 Swiss francs)
- child allowance: 22 Swiss francs per day and per child under 18 (or 25 if in education or pursuing an apprenticeship)
- childcare allowance: this corresponds to actual costs; however, a daily allowance of no more than 75 Swiss francs may be awarded if the insured lives in a joint household with one or several children under the age of 16, and if such costs are incurred
- business allowance: 75 Swiss francs per day for individuals in service who are in charge of running a business (company owners, farmers etc.)

Maternity allowance

This allowance is granted to women who are gainfully employed, suffer from employment incapacity or who are unemployed and receive daily benefits from a social or private insurance fund. The allowance corresponds to 80 % of the average earned income prior to entitlement. The maximum allowance is 220 Swiss francs per day.

A maternity allowance is granted when three conditions are simultaneously met:

- the insured person is engaged in paid employment as an employee or on a self-employed basis
- she has been under compulsory OASI cover for the nine months immediately before giving birth (this period is reduced accordingly when the birth occurs before the end of the ninth month of pregnancy)
- she has worked during this period for at least five months.

Periods of insurance and employment in an EU or EFTA member state and in the United Kingdom are counted.

Entitlement to the maternity allowance begins on the day of birth and expires 98 days later (14 weeks). If immediately after birth the new-born remains in the hospital for at least 14 consecutive days, the duration of payment is extended by a duration equivalent to that of the hospital stay, but a maximum of 56 days.

The right expires earlier if the mother returns to gainful employment, regardless of the number of working hours, or if she dies.

Claims for a maternity allowance must be submitted to the relevant OASI compensation office.

Allowance for the other parent

Employed fathers or mother's wives, who are considered the other parent under Art. 255a para 1 of the Swiss Civil Code (CC), are entitled to two weeks' parental leave (maximum 14 daily allowances) in the first six months after the birth of their child. They receive a loss of earnings allowance corresponding to 80 % of their average income subject to OASI prior to the birth, but no more than 220 Swiss francs per day.

Care allowance

Parents who have to interrupt their gainful employment to care for their seriously ill child are entitled to 14 weeks of care leave. The leave must be taken within a time limit of 18 months. The leave can be taken in weeks or days.

The allowance amounts to 80 % of the average income subject to OASI prior to the interruption of employment, but no more than 220 Swiss francs per day. If both parents are entitled to benefits, they can freely share the leave. A maximum of 98 daily allowances are paid, within a framework period of 18 months.

Persons who receive unemployment benefits may also be entitled to this compensation for loss of earnings.

Adoption allowance

Persons in gainful employment who adopt a child under the age of four are entitled to a two-weeks adoption leave. Adoption leave must be taken within one year following the child's adoption. The leave can be taken in weeks or days. If both adoptive parents are working, they can share the leave, but not take it simultaneously. The adoption of a spouse's or partner's child does not entitle to an adoption allowance.

The adoption allowance amounts to 80 % of the average income subject to OASI earned before the adoption, but not more than 220 Swiss francs per day. A maximum of fourteen daily allowances are paid within a 12-months period.

Claims for adoption allowance must be submitted to the Federal Compensation Office (CFC).

Occupational benefit plan (PP)



General information

What is the occupational benefit plan?

An insurance scheme which enables the insured persons to maintain their previous standard of living in an appropriate way.

The purpose of the PP is to enable a retired person to have an income, including OASI/DI pension, which corresponds to around 60 % of their salary immediately before retirement.

The law sets the minimum statutory benefits. Pension fund regulations may provide with benefits that exceed the compulsory minimum. In particular, they may insure a lower salary than the minimum or a higher salary than the maximum defined by the law; however, the maximum insured salary is 90 720 Swiss francs per year.

Who is insured under the occupational benefit plan?

All employees who contribute to OASI and whose annual salary exceeds a fixed threshold.

Employees who are paid a salary exceeding 22 680 Swiss francs by one employer are subject to compulsory insurance against death and disability starting on 1st January following their 17th birthday, and to old-age insurance from 1st January following their 24th birthday. The share of the salary which is subject to compulsory insurance is capped.

The amount of annual salary between 26 460 Swiss francs (the coordination deduction) and 90 720 Swiss francs must be insured. This part of salary is known as the "coordinated salary". The minimum coordinated salary is 3 780 Swiss francs.

Employers who employ persons subject to compulsory insurance must be affiliated to a provident institution entered in the register for the occupational benefit plan or establish such an institution themselves.

The following employees are not subject to compulsory insurance contributions:

- those who have not yet reached the 31st December following their 17th birthday
- those who have reached the reference age
- those who have a maximum annual income of 22 680 Swiss francs, or 1 890 Swiss francs per month
- those whose employer does not have to pay OASI contributions
- those with a short-term employment contract of less than three months
- those whose principal occupation is with another employer insofar as they are already subject to compulsory insurance in their principal occupation
- those who are at least 70% disabled in accordance with the DI definition
- family members of a farmer who work for him or her, namely:
  1. direct ascendants or descendants, and their spouses or registered partners
  2. sons-in-law and daughters-in-law of the farmer, who in all probability will take over the farm

All these persons can contribute on a voluntary basis.

What options are in place for those who are gainfully employed but not subject to compulsory insurance?

These individuals may contribute on a voluntary basis.

Optional insurance exists for the self-employed and employees whose employer is not subject to the compulsory OASI scheme.

The self-employed can pay voluntary contributions to:

- the provident institution of their professional association
- the provident institution where their employees are registered, or
- a substitute institution for those not insured elsewhere

In the same way as the self-employed, an individual with OASI cover but whose employer is not subject to contributions to the scheme can pay voluntary contributions. They must pay both the employee's and employer's contributions.

Contributions

Who pays occupational benefit plan contributions?

The employee and the employer.

The employer transfers both contributions into an occupational benefit institution, i.e., the employee's contribution is deducted from his or her salary.

How much are occupational benefit plan contributions?

It depends on the regulations of the given occupational benefit institution.

Each provident institution sets its own contribution rates for employees and employers in its regulations. The employer's contributions must be at least equal to the contributions paid by all his or her employees.

What happens to the contributions that persons have already paid to an occupational benefit plan if they change their job or if they cease to be gainfully employed?

They will be transferred to the occupational benefit plan of the new employer or to a blocked bank account or converted into a blocked insurance policy.

On departure from a provident institution, before an insured event occurs (old-age, death or disability), the insured person is entitled to a departure benefit, also known as a vested benefit. This applies if the person changes jobs or if he or she ceases to be employed before reaching the reference age.

If the employee changes jobs, his or her previous provident institution will transfer the vested benefit to the new employer's provident institution.

If the person ceases employment before reaching the reference age, he or she must inform the provident institution under which permitted form he or she intends to maintain his or her vested benefits. The insured may take out either a vested benefits account with a bank or a vested benefits policy with an insurance company.

If the insured person does not inform the provident institution of his or her intentions, the vested benefits will be transferred to the substitute institution no later than two years after the person ceased to be employed.

What happens to contributions paid into a foreign occupational pension scheme?

As a general rule, they cannot be transferred to a Swiss occupational benefit plan.

Contributions paid into foreign occupational pension schemes cannot be taken into account by the occupational benefit plan scheme in Switzerland. Neither can they be transferred to a Swiss occupational benefit plan account, unless they are contributions to the system of occupational pensions in the Principality of Liechtenstein.

However, anyone who has their contributions reimbursed may use the corresponding sum to repurchase contribution years with a Swiss occupational benefit plan, thus entitling them to the benefits in the regulations.

Each provident institution has its own regulations on the repurchasing of contribution years. Persons who move to Switzerland and who have never been registered with a Swiss occupational benefit institution may repurchase contributions during the five years which follow their registration with a Swiss occupational benefit institution. However, these repurchases are limited to 20 % of the insured salary per year. Repurchases are deductible from an person's taxable income.

What happens to the contributions that a person has already paid to an occupational benefit plan if this person leaves Switzerland for good?

The termination benefit can be paid out in cash upon request. However, if an insured person moves to an EU or EFTA state, cash payment of the termination benefit may only be made under certain circumstances.

As a general rule, anyone who leaves Switzerland for good can ask for a withdrawal payment of their contributions.

Nevertheless, the payment in cash of compulsory occupational benefit contributions is not possible if the insured person moves to an EU or EFTA member state (except Liechtenstein) and is subject to the compulsory social security system in that state. More information can be found on the LOB Guarantee Fund website (*www.sfbvg.ch*).

Benefits

What benefits does the occupational benefit plan provide?

Old-age, disability, survivors' and home-ownership benefits.

A person who is subject to the occupational benefit plan is entitled to:

- an old-age pension upon reaching the reference age.
- a disability pension if their degree of disability is at least 40 % (according to DI criteria) and if they were insured when they became unable to work owing to disability. The pension payment is determined by the degree of disability (as for DI). If the degree of disability is at least 70 %, a full DI pension is paid. If the degree of disability is between 50 % and 69 %, the percentage of a full DI pension corresponds to the degree of disability. If the degree of disability is between 40 % and 49 %, the percentage of a full pension is between 25 % and 47.5 %.
- a child's pension for each child who, on the death of the insured, would be entitled to an orphan's pension.
- a capital benefits if the old-age or disability pension is lower than 10 % of the minimum OASI old-age pension or if the regulations of the provident institution allow for it.

Furthermore, surviving dependants (spouses, registered partners and children) are entitled to a survivor's pension if the deceased was insured or received a pension at the time of death.

In order to finance the purchase of a residential property, individuals may pledge their right to these benefits or, receive under certain conditions a sum up to the amount of their vested interest. In this instance, the spouse or registered partner must also give their written consent.

Survivors' pensions

The spouse or registered partner of the deceased may claim a pension,

- if they have dependent children to care for; or
- if they are at least 45 years old and were married or in a registered partnership for at least five years.

If the spouse or registered partner does not fulfil these conditions, they will receive a lump sum (equivalent to three years' pensions). They forfeit all rights to a survivor's pension should they remarry or register a new registered partnership.

Divorced spouses may claim a widow's/widower's pension upon the death of their spouse,

- if the marriage or registered partnership lasted for at least ten years, and
- if the divorced spouse was liable to pay alimony.

The same rules apply to a dissolved registered partnership.

In the event of death, the regulations may include benefits for other surviving dependants (parents, brothers, sisters, common-law partners); a copy of these regulations may be requested from the competent provident institution. As a general rule, the relevant information is listed on the insurance certificate of the insured.

Encouragement of home ownership

In order to finance a principal home property for personal use or to pay off a mortgage on such home property, the insured person may:

- pledge his right to providence benefits
- pledge a sum up to the amount of his vested benefits, under certain conditions
- receive an advance payment, up to the amount of his vested benefits.

However, restrictions exist for insured persons aged over 50. In the event of advance payment, providence benefits are accordingly reduced.

If such home property is sold, the insured person must in principle repay the amount to the provident institution.

An advance payment is subject to taxation, an amount that would be reimbursed in the event of repayment to the institution.

How are benefits calculated?

On the basis of total retirement assets – i.e., based on the person's savings.

The annual old-age pension is 6.80 % of the amount a person has contributed to the old-age insurance scheme, including interest earned up to the point of retirement.

The disability pension is 6.80 % of the retirement assets accrued by the individual at the time he or she becomes entitled to a disability pension, including interest, as well as old-age credits, without interest, for the remaining years.

The benefits can be paid out in a lump-sum, if the old-age or disability pension is lower than 10% of the minimum OASI old-age pension or if the regulations of the provident institution allow for it.

The surviving spouses or partner's pension amounts to 60 % and the orphan's pension to 20 % of the full disability pension to which the insured person would have been entitled.

The benefits can be paid out in a lump sum, if the surviving spouses or partner's pension is lower than 6 % (or orphan's pension lower than 2 %) of the minimum OASI old-age pension or if the regulations of the provident institution allow for it.

Is early retirement possible?

Yes, if the regulations of the provident institution allow for it.

An old-age pension can be claimed before reaching the reference age (but from 58 at the earliest). In this case a reduced pension is paid out.

Keeping insurance certificates

- The insured must keep all insurance certificates provided by their provident institutions safe.

Searching for lost contributions

- Persons who do not know whether they have vested occupational benefits can enlist the help of the 2nd Pillar Central Office (*www.sfbvg.ch*). This office will provide information about any assets and vested benefits accounts or policies held in their name.

Who can provide further information on occupational benefit plans?

Insurance companies, the cantonal supervisory authorities of occupational benefit institutions and the substitute institution.

Your employer will tell you with which provident institution his or her firm is registered.

The restricted private pension plan (Pillar 3a)



General information

What is a restricted private pension plan?

Another type of old-age pension insurance.

Benefits paid out under a restricted private pension plan are added to those obtained under the OASI/DI and the occupational benefit plan scheme to ensure that the person can maintain the same standard of living in retirement. This chapter focuses on the pillar 3a.

The legislation encourages this form of provision through tax incentives. i.e., any such contributions up to a certain limit can be deducted from the taxable income (7 258 Swiss francs per year for individuals affiliated to an occupational benefit plan and 20 % of earned income up to a maximum of 36 288 Swiss francs per year for individuals who are not affiliated to an occupational benefit plan). The funds are only released when an insured event occurs (retirement, death or disability) or under certain circumstances for purchasing one's own home.

Contributions

Who pays contributions to a restricted private pension plan?

Anyone who wishes to take out voluntary insurance cover and who pays OASI contributions on his or her income.

Anyone who wishes to maintain his or her accustomed lifestyle after retirement has the option of making suitable arrangements with a bank foundation or a private insurance company. The insurance is voluntary and the individual can decide on the total annual contributions paid into a blocked account. The total of the contributions is only paid out when an insured event occurs.

Anyone who continues to work beyond the reference age may delay the pay-out of his or her 3rd pillar pension assets until they leave gainful employment. Payment may only be delayed for a maximum of five years. Consequently, the person concerned may continue contributing to a tax-privileged 3rd pillar scheme.

Benefits

What benefits are available under a restricted private pension plan?

Old age, disability and survivors' pensions and measures aimed at encouraging home ownership.

A person who arranges individual insurance can claim benefits, the form (lump sum or pension) and level of which will depend on the contract signed with the bank foundation or the private insurance company, in addition to the benefits from the OASI/DI and occupational benefit plan schemes.

When and how can the insured claim these benefits?

With the bank foundation or insurance company when the object of the insurance becomes applicable (retirement, death, disability) or under certain circumstances when purchasing one's own home.

The benefits available under a restricted private pension plan depend on the contract drawn up. Old-age pensions are paid out at the earliest five years before the insured person reaches the reference age.

Persons who continue to work beyond the reference age may continue to contribute to a tax-privileged pillar 3a scheme for a further five years.

In certain cases, such as purchasing one's own home or becoming self-employed, funds may be paid out earlier.

Is there another type of private pension plan?

Yes, pillar 3b.

Anyone may set up his or her own savings, which are not limited. There could be tax advantages for individual savings.

Where can further information about private pension plans be obtained?

From banks and insurance companies.

Health insurance (AMal)



General information

What are the benefits of health insurance?

Cover against illness, maternity and accidents.

Health insurance guarantees that those insured have access to good medical treatment in the event of illness, maternity or accidents, where these events are not already covered by accident insurance.

Who is obliged to take out health insurance?

Anyone living in Switzerland or subject to the Swiss social security system.

Health insurance is compulsory for everyone living in Switzerland. Anyone who stays in Switzerland for longer than 3 months must take out health insurance cover within a period of 3 months. Insurance companies must also be informed by the parents of the birth of their child within 3 months; parents and children are insured separately.

Everyone has a free choice of health insurance provider. A full list of health insurers can be found on the website of the Swiss Federal Office of Public Health (FOPH): *www.bag.admin.ch*.

As a general rule, the employer does not arrange health insurance cover. Anyone subject to health insurance cover must arrange this themselves.

Persons residing abroad who, on the basis of the AFMP or the EFTA Convention, are subject to the Swiss social security system must also take out compulsory health insurance. The agreement with the United Kingdom also contains provisions on health insurance. Some people may benefit from the right to choose and be exempted from the obligation to take out insurance in Switzerland, if they can provide proof that they are insured in their state of residence (see table below. The list of insurers and insurance premiums in each EU or EFTA member state is available on the website of the FOPH: *www.priminfo.ch*. Parents and children are insured separately by the same insurer.

Living in an EU or EFTA member state and health insurance cover

Category of person	Right to choose between state of residence and Switzerland	Insurance in the state of residence	Insurance in Switzerland
When a person resides in one of the following states			
▶ **the gainfully employed** ▶ **cross-border commuters** ▶ **pensioner** ▶ **the unemployed**	AT, DE, FR, IT ES*, PT* * pensioners only	LI	BE, BG, CY, CZ, DK, EE, FI, GR, HR, HU, IE, IS, LT, LU, LV, MT, NL, NO, PL, RO, SE, SI, SK ES*, PT* * except pensioners
Family members (not in gainful employment) of:	FI	DK, LI, PT, SE	BE, BG, CY, CZ, EE, GR, HR, IE, IS, LT, LU, LV, MT, NL, NO, PL, RO, SI, SK
▶ **the gainfully employed** ▶ **cross-border commuters** ▶ **pensioner** ▶ **the unemployed** ▶ **short-term residents**	ES* * except pensioners AT**, FR**, IT** ** insurance in the same state as cross-border commuters, pensioners, the unemployed DE*** *** Option of separate choice for family members who are not gainfully employed	ES*, HU* * except pensioners	HU* * pensioners only

The states listed above are indicated by their ISO codes. Please refer to page 9 for a list of the state abbreviations.

Insurance in Switzerland – resident in an EU or EFTA member state

- Persons who have compulsory insurance cover in Switzerland but live in an EU or EFTA member state must register with the health insurance institution in their state of residence to cover administrative formalities.
- As a general rule, persons who are insured in Switzerland but live in an EU member state (workers, pensioners, the unemployed), as well as their family members have the option of receiving treatment either in their state of residence or in Switzerland.

Working in an EU or EFTA member state – resident in Switzerland

- Swiss nationals and citizens of EU and EFTA member states who are resident in Switzerland but work in an EU or EFTA member state are subject to the insurance laws in their state of employment. Cross-border commuters who live in Switzerland but work, for example, in Germany must take out health insurance cover in Germany both for themselves and their family members who are not gainfully employed. Should they fall ill, they will benefit from the same treatment in Switzerland as people insured there. The costs are covered by the foreign insurance fund.

Practical advice

- Persons moving to Switzerland must take out health insurance cover within 3 months of taking up residence or of the insurance obligation coming into force. It is therefore advisable to contact a health insurance company as quickly as possible.

Premiums

Who pays insurance premiums?

The person who takes out insurance cover.

Depending on the insurance company, a person may benefit from reduced premiums in the following cases:

- Choice of excess (deductible, franchise): the insurer offers a premium reduction if the insured person opts for an annual excess higher than the ordinary 300 Swiss francs (there is no ordinary excess for children). For adults, the choice of excess can be 500, 1 000, 1 500, 2 000 or 2 500 Swiss francs. For children, it is 100, 200, 300, 400, 500 or 600 Swiss francs.
- Limited choice of supplier of services: insured persons can opt to be treated exclusively by a group practice, known as an HMO (Health Maintenance Organisation), or to undertake to consult a family doctor first who will decide whether a referral to a specialist is necessary (family doctor system). In doing so, they will benefit from reduced premiums but will forgo the choice of doctor or hospital (except in an emergency)
- Insurance with bonus: insured persons can benefit from reduced premiums for each year in which they do not claim any reimbursement. This is relatively rare.

How much are health insurance premiums?

They depend on the insurance company, the place of residence and the insurance model chosen.

Health insurance premiums are not calculated on the basis of income. They depend on the insurance company, the place of residence and the insurance model chosen. People living in an EU or EFTA member state who are subject to the Swiss social security system must also pay premiums depending on their insurer and their state of residence. However, the following insurance options are not open to the insured persons: choice of excess, taking out insurance with a bonus or taking out insurance which imposes a limited choice of service provider. The reason for this is that they are entitled to benefits provided for in the legislation of their state of residence. A list of insurers and premiums is available online at *www.priminfo.ch*.

Under certain conditions, the cantons take a share of the insurance premium of the insured people of low economic status. As a general rule, this subsidy is granted upon application to the relevant cantonal office, which will also provide the necessary information. A list of these offices is available from the FOPH website (*www.priminfo.ch*). Insured persons living in modest economic conditions and residing in an EU or EFTA state should contact the liaison institution (Gemeinsame Einrichtung KVG): *www.kvg.org*.

Benefits

What services does health insurance cover?

Diagnosis, treatment and medical care.

Compulsory health insurance covers, among other things, services provided in the event of illness or an accident (if not covered by the accident insurance policy). It also covers maternity care. The cost of the following is covered:

- the diagnosis and treatment of an illness and its consequences, i.e., examinations, treatment and outpatient or inpatient medical care;
- analyses, medication, agents and items used in examination or treatment, contributions to prescribed hydro-therapy treatments and medical rehabilitation measures;
- transport and rescue costs (contribution of 50 %, transport costs total of 500 Swiss francs and rescue costs total of 5 000 Swiss francs per calendar year);
- certain examinations which come under the heading of preventive medicine, for example for new-born infants and children, or gynaecological examinations;
- maternity services.

How long can a person claim from a health insurance company?

Indefinitely.

Entitlement to reimbursement starts when medical treatment begins. As a general rule, the duration of a claim is unlimited. However, certain benefits are limited in time (for example: nine physiotherapy sessions, repeat prescriptions issued by the doctor if necessary).

What costs must the insured person pay?

Premiums, the excess, a share of costs and, in certain cases, a contribution towards the hospital bill.

A person with compulsory Swiss health insurance cover pays a fixed annual amount (excess) - applicable only to adults - as well as a share of costs in %. In the event of a stay in hospital, adults and young adults (insured persons under 25) who are not in education must make a contribution of 15 Swiss francs per day towards the costs of the stay.

The ordinary excess is 300 Swiss francs per calendar year.

The share of costs is 10 % of the costs above the excess, up to a maximum of 700 Swiss francs for adults and 350 Swiss francs for children. Several children from the same family, insured by the same insurer, together pay a maximum of 1 000 Swiss francs. The share of costs amounts to 20% if the original preparation is used while the generic drug appears on the list of reimbursed medicines.

No cost participation is required from the female insured person for maternity services or health-related services provided after the 13th week of pregnancy and up until 8 weeks after having given birth.

What happens with medical treatment outside of the state where the person is insured?

As a general rule, the health insurance will cover the cost of treatment abroad.

Individuals who are insured in Switzerland but receive medical treatment abroad (excluding EU and EFTA member states

- Health insurance covers the cost of emergency treatment provided abroad, i.e., treatment that cannot be postponed until the person concerned returns to his or her state of residence. Swiss health insurance covers the cost of treatment received abroad (excluding EU and EFTA member states) up to a sum equivalent to double the cost of similar treatment in Switzerland. In the case of hospitalization, the insurer covers a maximum of 90 % of the cost that the same hospitalization would cost in Switzerland (reason: in Switzerland, the cantons cover a share of at least 55 % of the hospital treatment costs, which is not the case with hospitalization abroad) The agreement with the United Kingdom also contains provisions on health insurance.
- The same applies for accidents where the accident insurance policy does not cover the cost of treatment.
- As a general rule, anyone with compulsory Swiss health insurance who is temporarily abroad has to pay for treatment. However, they can subsequently apply for reimbursement of these costs from his or her health insurer in Switzerland.
- Under certain circumstances the Swiss insurer may accept that a treatment be provided abroad if it cannot be carried out in Switzerland.

Insured persons domiciled in Switzerland who receive treatment in an EU or EFTA member state

- Insured persons domiciled in Switzerland who fall ill during a stay in an EU or EFTA state (for example on holiday) will be treated by the doctors and hospitals in the same way as a person insured in the host state. The same applies for accidents.
- Persons who are in an EU or EFTA member state on a temporary basis when they fall ill are entitled to receive care in that state. For this reason, they must obtain a European Health Insurance Card (or a certificate provisionally replacing the EHIC) from the Swiss health insurer. This should be presented to the care provider (e.g., doctor) in the host state. Depending on the state, the cost of treatment is either paid by the assisting institution in the state he/she is temporarily staying and later invoiced to the Swiss health insurer, or provisionally covered by the individual concerned, who may subsequently request reimbursement from either the assisting institution or from his/her insurer.
- Cost-sharing and service provision in an EU or EFTA member state are regulated by the relevant host state.
- Under certain circumstances the Swiss health insurer may accept that a treatment be provided abroad, should it not be possible to have it carried out in Switzerland.

Swiss nationals or citizens of an EU or EFTA member state insured in Switzerland and resident in an EU or EFTA member state

- These persons receive the same benefits from the relevant "mutual aid" health insurer in their host state as those who are actually insured there.
- As a general rule, persons who are insured in Switzerland but live in an EU member state (workers, pensioners, and the unemployed) as well as their family members have the option of receiving medical treatment either in their state of residence or in Switzerland.
- Depending on the state, the cost of treatment is either paid by the relevant foreign insurer and later invoiced to the Swiss health insurer or provisionally covered by the individual concerned who may subsequently request reimbursement from either the assisting institution or from his/her insurer.
- Cost-sharing and service provision in the state of residence are regulated by that state.

Swiss nationals or citizens of an EU or EFTA member state who are insured in an EU or EFTA member state and are resident in Switzerland

- These persons may avail of the same benefits and conditions as those insured in Switzerland.
- To claim these benefits, they must submit their insurance certificate (Form S1) to the Swiss liaison institution (*www.kvg.org*).
- Treatment costs are paid by the liaison body and later invoiced to the relevant foreign health insurer.

Swiss nationals or citizens of an EU or EFTA member state insured in an EU or EFTA member state but staying in Switzerland

- On presentation of their European Health Insurance Card or a certificate provisionally replacing the EHIC, these individuals receive the same health insurance benefits as those insured in Switzerland.
- As a general rule, the costs of outpatient care provided by a doctor or hospital must be paid directly to the care provider. Reimbursement of expenses must be submitted to the liaison institution (*www.kvg.org*) or to the appropriate health insurer. A flat rate corresponding to the excess and the share of costs is incurred by the individual. The flat rate is 92 Swiss francs for adults and 33 Swiss francs for children over a period of 30 days. In addition, adults and young adults (insured persons under 25) who are not in education must make a contribution of 15 Swiss francs per day towards costs in the event of a stay in hospital. The costs of hospital treatment are generally covered directly by the liaison institution; after deduction of the cost-sharing.



European Health Insurance Card

Daily allowances insurance

What is daily allowances insurance?

Daily allowances insurance serves to partially cover the loss of income incurred through illness or accidents.

Daily allowance insurance serves to partially cover the loss of income incurred through illness or an accident, as well as other costs incurred under these circumstances for which no other cover exists. This type of insurance is voluntary and persons can take out such cover with a different insurer from the one which provides their compulsory illness cover. If a person is suffering from an illness when he or she joins an insurance company, the insurer may exclude that person from entitlement to benefits in relation to this pre-existing illness for a maximum period of five years (insurance restriction). In terms of maternity, the right to daily allowances is subject to prior insurance cover of 270 days. Health insurers also offer supplementary daily allowance insurance.

Easier transfer of insurance to cover daily allowances

- Swiss nationals and citizens of an EU or EFTA member state who are subject to the social security system in an EU or EFTA member state immediately prior to their arrival in Switzerland benefit from facilitated transfer to Swiss daily allowance cover.
- According to agreements concluded with North Macedonia, San Marino and Turkey, the reservation concerning existing illness with regard to insurance to cover daily allowances and the qualifying period for daily allowances during pregnancy are limited. If a person moves from one of the above states (and Bosnia and Herzegovina) to take up residence or gainful employment in Switzerland and contributes to a Swiss daily allowance insurance scheme within three months of leaving the insurance fund in the first state, the period of insurance cover with the original fund will be taken into account when deciding on entitlement to the same benefits in Switzerland. In the case of pregnancy, periods of previous insurance cover are taken into account only if the woman in question has been insured with a Swiss insurance fund for at least three months.

Supplementary health insurance

In addition to basic compulsory insurance policies, supplementary health insurance policies also exist, for example to cover dental or special treatment. Supplementary health insurance is provided by private insurance funds; these are not subject to the regulations which coordinate national social security systems. Reimbursements for services provided are governed by the general conditions of insurance of each insurer respectively. Given the variation in packages, it is worth contacting the various supplementary insurers.

Who can provide further information on health insurance?

Health insurance companies.

Information can be obtained directly from the relevant health insurer.

Every October, the Swiss Federal Office of Public Health publishes a list of premiums for the coming year according to canton, insurance company and EU or EFTA member state. This list can also be found on the FOPH website (*www.priminfo.ch*).

Anyone who has health insurance cover in an EU or EFTA state and is temporarily staying in Switzerland should contact the liaison body KVG (*www.kvg.org*).

For questions concerning exemption from compulsory health insurance cover, please contact the relevant cantonal body. A list of these offices is available from the FOPH website (*www.bag.admin.ch*).

Accident and occupational diseases insurance (AA)



General information

What is covered under accident and occupational diseases insurance?

Occupational accidents, non-occupational accidents and occupational diseases.

Compulsory accident insurance is personal insurance which covers the financial consequences of accidents at work and occupational diseases as well as accidents outside of work if the insured person is employed at least eight hours per week by the same employer. The benefits help to compensate for injury and the incapacity to work suffered by insured persons as the result of an accident or an occupational disease.

Accidents

- Accident means any unexpected and involuntary injury to the human body resulting from an extraordinary external cause which is harmful to physical, mental or psychological health or which leads to death. Certain injuries to the body similar to the consequences of an accident are treated in the same way as an accident.

Occupational accidents

- These include accidents which occur to insured persons while they are carrying out their occupational duties. Accidents that occur during breaks or before or after work are also included under this heading insofar as the injured party was legitimately at his or her work place or in a danger zone related to his or her employment.

Non-occupational accidents

- These include all accidents which cannot be defined as occupational accidents, in particular accidents which occur between the home and the work place and during leisure time, such as while playing sport, road accidents or accidents in the home. Part-time workers who are employed for less than eight hours per week by one employer are not insured against non-occupational accidents. However, accidents on the way to and from work are in this instance considered occupational accidents.

Occupational diseases

- These include diseases due exclusively or mainly to harmful substances or certain types of work. These also include other diseases which may be proved to be due exclusively or mainly to the professional duties of the insured person.

Who is compulsorily subject to this insurance?

Everyone who is gainfully employed in Switzerland.

Anyone who is employed in Switzerland is covered by accident insurance, including:

- home workers
- apprentices
- trainees and volunteers
- persons working in workshops for apprentices and the disabled
- household staff
- cleaning staff employed in private households.

As a general rule, the unemployed are covered by compulsory accident insurance.

Accident insurance as per the UVG does not cover persons who are not gainfully employed, such as:

- housewives and househusbands
- children
- students
- old-age pensioners.

These persons must arrange cover against accidents within the compulsory health insurance scheme for non-cash benefits.

When does compulsory accident insurance cover start and end?

It starts as soon as a person takes up paid employment and ends when he or she is no longer entitled to a half salary.

Accident insurance cover comes into effect the day on which the employment relationship or the entitlement to a salary begins, and at the latest from the time when the employed person leaves his or her place of residence in order to travel to his or her place of employment. It ends at the end of the 31st day after the last day on which he or she was entitled to at least a half-salary. In this case, the salary includes daily allowances paid out by the following insurance schemes: compulsory accident insurance, military insurance, disability insurance, income compensation allowances in the event of service or maternity, health insurance. It also includes daily allowances paid out by private health and accident insurers which compensate for the loss of income and allowances paid by cantonal maternity insurance schemes.

The insurer must offer the insured person the opportunity of prolonging his or her insurance by special agreement for up to six months.

Employee liability

- If the impairment to health or death was caused intentionally, no insurance benefits are due other than the grant for funeral costs;
- A non-occupational accident due to gross negligence on the part of the injured person may result in a reduction in the daily cash benefits for up to two years;
- If the injured person was the cause of his or her accident as a result of committing a criminal offence, cash benefits may be reduced or refused altogether.

Discontinuation of cover against accidents included under the health insurance scheme

- Employees who have compulsory insurance cover against occupational and non-occupational accidents can opt out of the accident insurance cover included in their health insurance policy. Their premium will be reduced accordingly.

Who can take out accident insurance on a voluntary basis?

Self-employed persons and members of their family who work with them.

If they are not already subject to compulsory insurance, self-employed persons residing in Switzerland, and members of their family who work in the company can voluntarily take out accident insurance according to the federal law on accident insurance, depending on the amount of their insured salary.

Who provides accident insurance?

The Suva and approved accident insurance funds.

Both compulsory and voluntary insurance is provided by the Swiss Accident Insurance Fund (Suva – *www.suva.ch*) or by other approved accident insurers, depending on the category of cover. A list of insurers is available from the FOPH website (*www.bag.admin.ch*).

Premiums

Who pays insurance premiums?

Employers and employees.

The employer pays premiums for insurance against occupational accidents and diseases. The employee pays premiums for insurance against non-occupational accidents. The employer pays the total amount to the insurance company and deducts the employee's contribution from his or her salary. Agreements to the contrary in favour of the employee are reserved.

A premium is calculated in advance and paid by the employer. The final premium amount is established for the previous year according to the annual income, and the premium for the new year is calculated on the same basis.

How much are insurance premiums?

They vary depending on income and type of company.

Premiums are expressed in per mil (‰) of the income subject to compulsory insurance. They are composed of a net premium which corresponds to the risk involved and various supplementary amounts. The employer's company is categorised according to type and circumstances, and the premium is set according to the premium rate based on these elements.

As a general rule, premiums for non-occupational accidents are paid by the employee, unless employee agreements state otherwise. Net premium rates may vary by insurer.

Premiums for accident and occupational disease cover are paid exclusively by the employer. They vary according to the risk of accident and company-specific circumstances. The net premium rate varies depending on the type of company and insurer.

Income subject to compulsory insurance

- Income subject to compulsory insurance largely corresponds to the income on which cash benefits are calculated (see "insured salary"). The part of the income which exceeds the maximum insured salary is not taken into account. The maximum insured salary is 148 200 Swiss francs per year or 406 Swiss francs per day.

Benefits

What benefits are offered under accident insurance?

Medical treatment and cash benefits.

A. Non-cash benefits: treatment and reimbursement of costs

Those insured may claim appropriate treatment for the consequences of an accident, namely:

- out-patient treatment provided by a doctor, a dentist or a chiropractor, or by other medical staff if prescribed by a doctor
- medication and tests prescribed by a doctor or a dentist
- treatment, board and accommodation in the general ward of a hospital
- supplementary treatment and spa treatment prescribed by a doctor
- equipment required for healing

The insurer pays the cost of treatment abroad, home nursing prescribed by a doctor, support materials and accidental damage to prostheses or apparatus which replace a bodily function. The cost of travel, transport and rescue (under certain circumstances) and the transport of a corpse and funeral costs are also covered.

B. Cash benefits

Insured salary

- Cash payments under accident insurance are based on insured salary. This is the income on which the basic pension insurance contributions are calculated, plus certain supplements. The maximum insured salary is set in such a way that, as a rule, between 92% and 96% of all individuals subject to compulsory insurance cover are insured at the full salary rate. The maximum is 148 200 Swiss francs per year or 406 Swiss francs per day.
- Daily cash benefits are based on the last salary received before the accident and pensions are based on salary received for the year preceding the accident. Integrity and helplessness allowances are calculated on the maximum insured salary.

Daily cash benefits

If a person becomes either partially or totally incapable of working as the result of an accident, he or she may claim daily cash benefits. These are paid from the third day after the accident for every day of the year. In the event of total incapacity to work the amount paid out represents 80 % of the insured salary, the amount decreases according to degree of incapacity. A person is entitled to claim daily cash benefits until such time as he or she has recovered his or her full working capacity, receives benefits under disability insurance or dies. The daily cash benefits for individuals who have an accident while unemployed are equivalent to unemployment benefits.

Disability pensions

If a person becomes disabled as the result of an accident, i.e., his or her full or partial earnings incapacity is presumed to be harmed permanently or of a long duration, he or she may claim a disability pension. Entitlement to a pension begins when it is no longer reasonable to expect a substantial improvement in the condition of the insured person from continuation of medical treatment, and after completion of any necessary rehabilitation measures. Disability pensions are based on a comparison of the insured person's potential salary with and without the reduced earning capacity. A full disability pension represents 80 % of the insured salary; it decreases according to the degree of incapacity. If the person is entitled to a Swiss old-age and survivors' or disability pension (OASI/DI), a supplementary pension is paid out. This corresponds to the difference between 90 % of the insured salary and the OASI or DI pension, but does not exceed the amount envisaged by accident insurance in the event of total or partial disability. Entitlement expires upon the person regaining full earning capacity, the replacement of the entire pension by a lump-sum benefit, the repurchase of the pension or the death of the insured person.

Integrity allowance

If a person suffers major physical, mental or psychological injury as the result of an accident (e.g., loss of a kidney or leg, quadriplegia, complete blindness), he or she may claim corresponding benefits. This lump-sum is based on the severity of the damage to integrity. It may not exceed the annual income received at the time of the accident.

Survivors' pensions

If a person dies as the result of an accident, the surviving spouse (under certain conditions) and children may claim a survivor's pension. If the deceased was obliged to pay alimony and/or maintenance to an ex-spouse, the latter is treated in the same way as a widow or widower.

A survivor's pension is calculated as a percentage of the normal insured salary and represents 40 % for widows and widowers, 15 % for orphans of a father or a mother, and 25% for orphans of a father and a mother, but a maximum total of 70 % for all survivors. A survivor's pension for a divorced person represents 20 % of the insured salary but may not exceed the fixed amount of alimony due.

Where the survivors are entitled to an old-age, survivors' or disability pension (OASI/AI), they are paid a supplementary pension by the accident insurance company (see "disability pension"). In certain cases, a widow or divorced woman will be paid a lump-sum rather than a pension.

A surviving spouse's pension ends on remarriage, the death of the rightful claimant, or on repurchase of the pension. An orphan's pension ends on completion of their 18th year (or 25th if they are pursuing an apprenticeship or in education).

For its entire duration, a registered partnership is regarded in the same way as a marriage. The surviving registered partner therefore has the same rights as a widower. The legal dissolution of a registered partnership is the equivalent of a divorce.

Helplessness allowances

Any insured whose health is most severely affected should not only receive the necessary medical treatment and compensation for their loss of income but also have access to the additional financial resources their helplessness makes necessary. It should be noted that this allowance is only granted in exceptional cases. Entitlement to this allowance and its amount are determined according to whether the claimant effectively suffers from helplessness, and its severity (slight, moderate or severe).

A person is deemed helpless if his or her health problems render him or her dependent on permanent assistance from a third party or personal supervision to carry out basic day-to-day tasks.

For a slight degree of helplessness, the monthly allowance is equivalent to twice the insured daily income; four times the insured daily income is granted in the event of moderate helplessness and six times the insured daily income when helplessness is severe.

How can a person claim these benefits?

By informing their employer or the accident insurance company of the accident.

Accidents within Switzerland

The employer or the competent accident insurer must be informed immediately by the injured person or his or her family if an accident occurs in Switzerland. All deaths should also be communicated to the employer.

Accidents abroad

The employer in Switzerland must be notified immediately of any accident occurring abroad. All deaths should also be communicated to the employer.

The costs incurred in connection with essential medical treatment received outside Switzerland are covered by the accident insurer up to double the amount which similar treatment would have cost in Switzerland. As a general rule, anyone insured in Switzerland who is temporarily abroad has to pay such costs themselves and may subsequently apply for reimbursement. The costs of services provided abroad are subject to the regulations of the host state.

Accidents in an EU or EFTA member state

- If the injured person is a Swiss national or a citizen of an EU or EFTA member state, he or she must immediately contact the relevant social insurance institution of the place of stay. This institution will provisionally cover the costs of treatment and will subsequently settle the financial aspects with the competent Swiss accident insurer. Where the injury is not serious, the accident insurer may ask the injured person to cover the costs linked to the accident provisionally and reimburse these costs when the person returns to Switzerland.

Accidents in Bosnia and Herzegovina, North Macedonia, San Marino or Turkey

- A person who has insurance cover in Switzerland and is the victim of an occupational accident or an occupational disease in Bosnia and Herzegovina, North Macedonia, San Marino or Turkey is entitled to all necessary treatment. He or she may ask an institution in the host state to provide such treatment. The institution in question will subsequently settle the financial aspects with the competent Swiss accident insurer.

Swiss nationals or citizens from an EU or EFTA member state who are insured in an EU or EFTA member state but staying in Switzerland

- In the event of an occupational accident, the Suva (*www.suva.ch*) will provisionally cover the costs of treatment and subsequently settle the financial aspects with the competent accident insurer abroad.
- In the event of a non-occupational accident, the injured person is entitled to benefits provided by the Swiss health insurance scheme, in the same way as if they were insured in Switzerland. However, they must present their European Health Insurance Card or a certificate provisionally replacing the EHIC. The costs of outpatient treatment administered by a doctor or in a hospital must be paid directly to the care provider. A request must be submitted to the liaison body for reimbursement of these costs (*www.kvg.org*).

Who can provide further information about accident insurance?

Accident insurers.

Information can be obtained directly from the relevant accident insurer. A list of accident insurers can be found on the FOPH website (*www.bag.admin.ch*).

Persons insured against accidents in an EU or EFTA member state and who are temporarily resident in Switzerland can contact the liaison body *(www.kvg.org)* to claim benefits granted as international assistance, or the Suva (*www.suva.ch*) in the event of an occupational accident.

Unemployment insurance (AC)



General information

What is the unemployment insurance?

Insurance aimed at compensating for loss of income in the event of unemployment.

Unemployment insurance provides benefits in the event of loss of employment, reduced working hours, lack of employment due to weather conditions and insolvency of the employer. This insurance also pays for reintegration measures.

Who is covered by unemployment insurance?

All employees insured under the OASI scheme.

With only very few exceptions, anyone who is gainfully employed must contribute to the unemployment insurance scheme. The self-employed are not covered by unemployment insurance.

Contributions

Who pays unemployment insurance contributions?

Employees and employers pay equal shares.

The contribution amounts to 2.2 % of insured income up to 148 200 Swiss francs. The employee and the employer pay contributions in equal parts. No contribution is due for an income above 148 200 Swiss francs.

Which income constitutes a basis for these contributions?

The income subject to OASI contributions.

Unemployment insurance contributions are calculated according to the income on which old-age and survivors' insurance contributions are paid. The maximum level of insured salary is 12 350 Swiss francs per month or 148 200 Swiss francs per year. If income exceeds these limits, unemployment insurance contributions will be calculated according to the maximum income. An income of less than 2 500 Swiss francs per calendar year (insignificant income) deriving from an activity is only subject to insurance contributions at the request of the insured person. However, contributions must always be paid on the salaries of individuals in private households (young people up to the age of 25, earning less than 750 Swiss francs are exempted from the obligation to contribute to the OASI). The same rules apply to those individuals who are remunerated by dance and theatre producers, orchestras, choirs, producers of phonographic and audio-visual services, radio and television, electronic media and print media, design companies, museums as well as those employed by schools in the artistic domain. However, there is not exemption for income up to 750 earned by young people up to the age of 25.

Benefits

What benefits are available in the event of unemployment?

Compensation for loss of income due to unemployment.

Unemployment benefits represent 70 % of the insured salary and are paid out as a daily allowance. This can rise to 80 % for individuals who have an obligation to care for children under the age of 25, or who receive a daily allowance of less than 140 Swiss francs, or who claim an DI pension due to a degree of disability of at least 40 %. The maximum insured salary corresponds to that used for compulsory accident insurance, i.e., 12 350 Swiss francs. The number of daily allowances may vary depending on various parameters, such as contribution period, age and degree of disability. Besides unemployment benefits, unemployment insurance also provides the following benefits:

- reduced working time compensation
- bad weather compensation
- insolvency compensation

Who can claim unemployment benefits?

Anyone who is unemployed and who, within a given time frame, has been in gainful employment for at least 12 months and has paid in to the compulsory unemployment insurance scheme.

A person is entitled to unemployment benefits when he or she had been employed and paying compulsory contributions for at least 12 months during the two-year period immediately prior to registering with the unemployment office. In addition, the applicant must provide proof of a valid loss of employment, be available for and capable of work, and satisfy all supervision-related conditions.

Special regulations for Swiss nationals and citizens from an EU or EFTA member state

General information

Periods of insurance acquired in an EU or EFTA member state will be taken into consideration should the person lose his or her job in Switzerland. Benefits are calculated on the basis of the income earned in Switzerland.

Looking for employment abroad (export of benefits)

Unemployed individuals have the option of looking for employment in an EU or EFTA member state while simultaneously claiming Swiss benefits in that state, but only for a maximum period of three months. Furthermore, they must first remain available to the Swiss employment services for at least four weeks after becoming unemployed. They must remain available to the employment office in the host state and comply with that state's control procedure. If these conditions are not met, Swiss unemployment benefits will not be paid out abroad.

Cross-border commuters working in Switzerland

As a general rule, cross-border commuters who become wholly unemployed shall receive unemployment benefits from their state of residence. However, if they become only partially unemployed or unemployed due to inclement weather, they will be entitled to Swiss unemployment insurance benefits. The same applies in the event of the employer's insolvency.

Who can provide further information about unemployment insurance?

The relevant implementing bodies.

The unemployment insurance funds, cantonal offices and the regional employment agencies (RAV) will provide all additional information you might need. You can also find useful information on the Unemployment Insurance (UI) portal: *www.work.swiss*.

Transition benefits for older unemployed persons

What are transition benefits for older unemployed persons?

Transition benefits are granted to people aged 60 or over who have reached the end of their unemployment insurance entitlement.

Transitional benefits are intended to cover living needs until an old-age pension can be drawn. They are needs-based benefits, which are calculated similarly to supplementary benefits to old-age and survivors' insurance (OASI) or disability insurance (DI). Entitlement to these benefits is linked to a series of conditions. Among other things, unemployed people who are no longer entitled to unemployment insurance benefits must have been insured under the Swiss OASI for at least 20 years and have limited/restricted assets.

Where should an application for transition benefits be submitted?

For persons living in Switzerland, the competent authority is that of the place of domicile.

For persons living in an EU/EFTA member state, the competent authority is that of their last domicile in Switzerland. For persons who have never been domiciled in Switzerland, the competent authority is that of the registered office of the last employer.

The address of the competent authority can be found in the leaflet 5.03 – Transition benefits for older unemployed persons.

Further information

Further information can be found in the leaflet *5.03 - Transition benefits for older unemployed persons* (not available in English).

Family allowances (AFam)



General information

What are family allowances?

These are allowances aimed at partially compensating for the cost of child-raising.

Along with tax relief, family allowances are the main provision to compensate for the costs incurred from raising a family. Family allowances form part of the social security system. Unlike benefits available from other types of social insurance, family allowances are not a substitution for income, but are an addition to it.

Contributions

How are family allowances funded?

By employers and by the self-employed.

Family allowances for employees are almost exclusively financed by the employers, as a rule in the form of contributions based on a percentage of their salary. Employees working for employers who do not have to pay social insurance contributions in Switzerland have to finance family allowance contributions out of their own pocket. Self-employed persons in Switzerland are also required to pay contributions and are entitled to family allowances.

For people without gainful employment, there is no contribution obligation under the federal law (LAFam). Under certain circumstances, however, the cantons may introduce such an obligation; this is the case in the cantons Appenzell Ausserrhoden, Glarus, Solothurn, St. Gallen, Thurgau and Ticino.

Family allowances for agricultural workers are partially funded by employers. These employers pay to the cantonal compensation fund 2 % of all cash salaries and wages in kind that are paid out in their business and are subject to compulsory OASI contributions. The remainder is covered by the Confederation (two-thirds) and the cantons (one-third), as are the costs of family allowances paid to farmers.

How much are the contributions?

They vary depending on the family allowance compensation fund.

Contribution rates vary according to canton, economic sector and family allowance section at the cantonal compensation office. A summary of contribution rates to the cantonal family allowance compensation funds can be found on the Federal Social Insurance Office (FSIO) website (*www.bsv.admin.ch*).

Benefits

Who is entitled to family allowances?

Parents of children up to the age of 16 (or 25 in case of an apprenticeship or on-going education).

The following are entitled to family allowances:

- parents who are employees or self-employed
- parents who are agricultural employees or self-employed farmers
- parents who are gainfully employed and on a low income.

Entitlement is governed either by the Federal Law on Family Allowances and financial support for family organisations (LAFam) and the relevant cantonal ordinances or by the Federal Law on Family Allowances in the Agricultural Sector (LFA).

Family allowances are made up of two components: child benefits and education allowances. Child benefits amount to at least 215 Swiss francs per month for children up to the age of 16 or until the time they are entitled to education allowances. Education allowances amount to at least 268 Swiss francs per month for young people aged between 15 and 25 who are in post-compulsory education/training. The cantons may grant benefits that are higher than the legal minimum; many already do so. Some cantons also provide birth and adoption allowances. For more information, see *Fact sheet 6.08 - Familienzulagen* (Family allowances).

In the agricultural sector, child benefits of 215 Swiss francs and education allowances of 268 Swiss francs are paid out; in mountainous regions, an extra 20 Swiss francs is awarded for each allowance. Under certain circumstances, agricultural employees may be eligible for a supplementary household allowance of 100 Swiss francs.

Family allowances for children who are resident in an EU or an EFTA member state

- EU and EFTA nationals in gainful employment in Switzerland whose children live in an EU or EFTA Member State have the same entitlement to family allowances as those whose children are resident in Switzerland. If one parent works in the same state where their child lives, the family allowances provided in that state are taken into consideration. If the Swiss allowance is higher than the foreign allowance, the difference is paid out.

Family allowances for children who are resident in other states

- Entitlement to a Swiss family allowance for these children only arises if Switzerland has signed a treaty which obliges it to grant such an allowance. In such instances, a family allowance will be paid out, but it will not be adjusted to the local cost of living.

Practical advice

- Anyone who wishes to claim family allowances should apply via his or her employer, who will forward the request to the relevant compensation office for family allowances.

Who can provide further information on family allowances?

The cantonal compensation office will provide the necessary information.

The cantonal compensation offices publish leaflets with additional information on family allowances. A list of all the compensation offices can be found online at *www.ahv-iv.ch*.

More information is provided on the Federal Social Insurance Office (FSIO) website (*www.bsv.admin.ch*).

Addresses and websites

Swiss social security system in general (excluding accident, unemployment and health insurance)

Federal Social Insurance Office (FSIO)
Bundesamt für Sozialversicherungen BSV
Effingerstrasse 20,
3003 Bern
www.bsv.admin.ch

Social Security institutions

OASI/DI/EO/Supplementary benefits/Transition benefits

OASI Compensation offices and Disability insurance offices
AHV-Ausgleichskassen und IV-Stellen
www.ahv-iv.ch

Occupational Benefit Plan

2nd pillar Central Office
Zentralstelle 2. Säule
LOB Guarantee Fund
Sicherheitsfonds BVG
Head Office
P.O. Box 1023
3000 Bern 14
www.sfbvg.ch

Liaison Institution:

Substitute Occupational Benefit Institution
Auffangeinrichtung BVG
Federal and Cantonal Monitoring Authorities
of the Occupational Benefit Plan
BVG-Aufsichtsbehörden:
Fact sheet 6.06 (www.ahv-iv.ch)

Health Insurance

Federal Office of Public Health FOPH
Bundesamt für Gesundheit BAG
3003 Bern
www.bag.admin.ch

Liason institution:

Common Institution under the Federal Law on Health Insurance – International Coordination Office
Gemeinsame Einrichtung KVG
Internationale Koordination Krankenversicherung
Industriestrasse 78
4600 Olten
www.kvg.org

List of official health insurers and insurance premiums:
www.bag.admin.ch

Cantonal offices responsible for applications for exemption from compulsory health insurance and cantonal offices responsible for premium reductions:
www.bag.admin.ch
Fact sheet 6.07 (www.ahv-iv.ch)

Accident Insurance

Federal Office of Public Health FOPH
Bundesamt für Gesundheit BAG
3003 Bern
www.bag.admin.ch

Swiss National Accident Insurance Fund (Suva)
Schweizerische Unfallversicherungsanstalt Suva
Fluhmattstrasse 1
6004 Luzern
www.suva.ch

Unemployment insurance

State Secretariat for Economic Affairs (SECO)
Directorate of Labour
Staatssekretariat für Wirtschaft (SECO)
Direktion für Arbeit
Arbeitsmarkt und Arbeitslosenversicherung
Holzikofenweg 36
3003 Bern
www.seco.admin.ch

General information on unemployment-related matters:
www.work.swiss

Addresses of regional employment agencies and unemployment offices, as well as the cantonal offices:
www.work.swiss > Institutions / Media > Adresses

General information

Publications:
Federal Office for Buildings and Logistics (FBL)
Bundesamt für Bauten und Logistik (BBL)
3003 Bern
www.bbl.admin.ch

Immigration/Residency:
State Secretariat for Migration SEM
Staatssekretariat für Migration SEM
Quellenweg 15
3003 Bern-Wabern
www.sem.admin.ch

Publication details
Text: AVS/AI Information Centre,
Federal Social Insurance Office and
State Secretariat for Economic Affairs
January 2026
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