Federal Disability Insurance

Social security agreement between the Swiss Confederation and the United States of America

Application for disability insurance for citizens of the United States of America residing outside Switzerland

Please write legibly
For questions where there is a choice, mark an X in the appropriate box ☒

1. Identity of the insured

For insured married, widowed or divorced women, give the maiden name and the names by previous marriages

1.1 Last name .....

Female ☐ Male ☐

1.2 First and middle names .....

Day, month, year

1.3 Date of birth .....

	single ☐ Mark with X if single	married since day, month, year	widowed since day, month, year	divorced since day, month, year	separated since day, month, year
1.4 Marital Status					

1.5 Nationality .....

Postal route number, exact locality, street and number, country

1.6 Residence and mailing addresses (if under guardianship, give name and address of guardian) .....

1.7 United States Social Security number .....

2. Identity of the spouse of the insured (to be answered even in case of separation)

For women, also give the maiden name

2.1 Last name, first and middle names .....

Day, month, year

2.2 Date of birth .....

2.3 Nationality .....

Postal route number, exact locality, street and number, country

2.4 Residence and mailing addresses .....

(give only for spouses not living with insured) .....

3. Identity of the children of the insured

3.1 Children of the insured issued by the marriage to the spouse shown in item 2 or by another

Last name	First and middle names	Female	Male	Date of birth Day, month, year
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....
.....	.....	☐	☐	.....

Children under age 18 must be mentioned as well as children between the ages of 18 and 25 who are now or will be students or under apprenticeship contracts

3.2 Does the disabled person have adopted or foster children, children by a prior marriage of the spouse, children by a marriage ended previously by divorce, as well as children of one of the spouses, who were born out of wedlock Yes ☐ No ☐

318.000.4 USA 4.82 5000 12771/3

4. General information

4.1 Has an application for Swiss disability insurance benefits been filed on behalf of the insured or his spouse?
Yes ☐ No ☐
If yes, with which Disability Insurance Commission, which Compensation Fund or Disability Insurance Regional Office?

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4.2 Have benefits (pensions or other benefits) already been provided from the Swiss Old-Age and Survivors or Disability Insurance:
– for the insured? Yes ☐ No ☐
– for his (her) spouse? Yes ☐ No ☐
– for his (her) children? Yes ☐ No ☐

If yes, by which Compensation Fund? .....

4.3 Does the disabled person have an application pending or does he receive benefits (medical and pharmaceutical assistance, daily allowance, pension or aids) from the Swiss National Insurance Fund because of an accident (CNA)?
Yes ☐ No ☐

If yes, accident and pension number .....

4.4 Was the insured enrolled in a Health Fund during his stay in Switzerland? Yes ☐ No ☐

If yes, which one? .....

4.5 Where and during which period was the insured residing in Switzerland after January 1, 1948?

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4.6 To what address should any benefits due be sent?

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5. Information concerning the education, occupation and activity performed up until now

5.1 Schools attended
(Not including those for professional training which must be listed under item 5.2)

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5.2 Occupation learned

Type of occupational training (studies, apprenticeship, accelerated training on the job, etc.)	Name and address of school or apprenticeship instructor	Duration from	to	Certificate (certificate of qualification, diploma, etc.)

5.3 Employed persons
(The following information must be given for the last three years prior to the date of the application. Self-employed persons must enter the remark "self-employed" under the entry "employer". Persons who are employed and self-employed at the same time must report their gross income separately for each category.)
Primary employment (for part-time employment, see item 5.5)

Type	Name and address of employer	Duration from	to	Gross income Hourly	Weekly	Monthly

5.4 Unemployed persons
(Information must be given for the last three years prior to the date of the application)
Primary employment (for part-time employment, see item 5.5)
(housewife, student, etc.)

Type	Duration from	to

5.5 Part-time employment

Type	Name and address of employer	Duration from	to	Gross income Hourly	Monthly	Yearly

5.6 Work incapacity caused by illness or accident

Total Duration from	to	Partial Hours per day	Hours per week	Duration from	to

6. Information about the impairment

6.1 Was the impairment caused by: Illness ☐ Accident ☐

6.2 Give detailed information concerning the type of impairment

6.3 How long has the impairment existed?

6.4 Was the impairment caused partly or fully by a third person? Yes ☐ No ☐

6.5 By whom was the insured medically treated? (underline the name of the family physician)

Most recently

Name and address of physician or hospital institution	From (month and year)	To	For which conditions?

Previously

Name and address of physician or hospital institution	From (month and year)	To	For which conditions?

6.6 Supplemental remarks

Authorization

With the signing of this form, the insured or his (her) representative authorizes all persons and offices concerned, particularly physicians, medical auxiliary personnel, hospitals, institutions, health insurance funds, public and private insurance companies, public offices as well as private welfare institutions, to give to the competent offices of the old-age, survivors and disability insurance, the information necessary for the examination of the merits of the claim and the examination of the entitlement of the insured to recourse against third parties from whom compensation may be due as a result of this claim.

The undersigned certifies that he has given true and complete answers.

Date	Signature of the insured or his representative
.....	.....
Enclosure	Address of the representative if the insured does not sign himself
.....	.....
.....	.....
.....	.....

Enclose with the application:
All certificates from the Swiss Old-Age, Survivors and Disability Insurance as well as contributions stamp-books of Old-Age Survivors Insurance pertaining to the insured, his spouse, and his children.