

Maternity insurance in Switzerland



Switzerland introduced compulsory maternity insurance on 1 July 2005.

History

The Swiss constitution has contained a provision that women expecting children should be granted protection since 1945. However, despite many political attempts to realise this, no insurance solution was implemented for a long time. An amendment to the income compensation ordinance allowing the implementation of maternity insurance was only approved by a referendum on 26 September 2004, and maternity insurance entered into force on 1 July 2005. Female employees and self-employed women are now entitled to a maternity allowance under certain conditions.

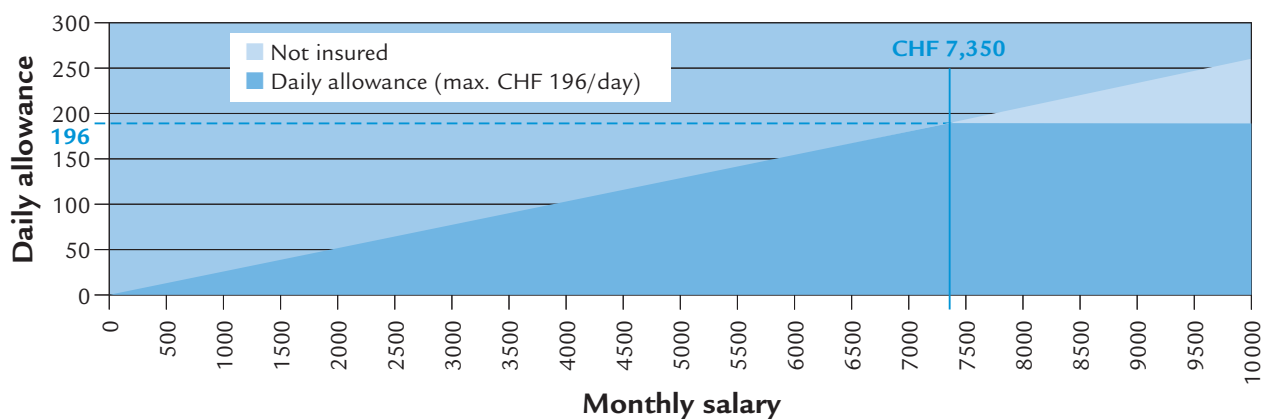
Legal basis

The legal basis for the maternity insurance is found in the Federal Law on Income Compensation for Persons Serving in the Army, Civilian Service and Civil Defence and for

Expectant Mothers (Income Compensation Law, EOG). This law and its implementing ordinance (EOV) set out the requirements for the amounts and duration of the allowance as well as all organisational issues. Employers are free to choose to pay an allowance that exceeds the legal minimum allowance.

Amount of the allowance

The maternity allowance amounts to 80% of the average salary earned from employment immediately prior to the birth of the child. The allowance is paid in the form of a daily allowance subject to AHV contributions. The maximum daily allowance amounts to CHF 196 per day or CHF 5,880 per month. An employee is entitled to the maximum daily allowance if she earns a monthly salary of CHF 7,350 (annual salary CHF 88,200) or more.



Duration of the allowance

Entitlement to a maternity allowance arises on

- the day of the confinement and
- ends at the latest 14 weeks or 98 days after the birth or
- earlier if the woman starts working again part-time or full-time during this period or if she dies.

- The allowance can be claimed up to five years after the allowance period has expired. After this period, the entitlement lapses without any claim to further benefits.

The allowance is usually claimed via the employer, and self-employed women can claim the allowance directly from the social security (AHV) administration office.

An overview of the benefits

	Maternity insurance (since 1.7.2005)
Legal basis	Income compensation ordinance (Art. 16b ff. EOG)
Eligible persons	<ul style="list-style-type: none"> • Female employees or self-employed women • Women who work for the business of their husbands/cohabiting partners/ family members and who earn a cash wage • Unemployed women who either already draw daily unemployment benefits from the unemployment insurance or fulfil the eligibility requirements for unemployment benefits • Women who are unable to work due to illness, accident or disability and who for this reason draw daily benefits from a social or private insurance scheme, and these daily benefits were calculated on the basis of a previous salary • Women who are employed under a valid employment contract and who do not receive any continued payment of salary or daily benefits as their entitlement has been exhausted. <p>► The decisive factor is the date of birth of the child.</p>
Eligibility requirements	Immediately prior to the birth of the child: <ul style="list-style-type: none"> • insured with the AHV for at least nine months. In the event of a premature birth this qualifying period is reduced • of which she has worked for at least five months¹⁾
Amount of income replacement allowance	Daily allowance: 80% of the average salary earned prior to the birth ²⁾
Maximum allowance	Max. CHF 196 per day (equals CHF 5,880 per month)
Duration of income replacement allowance	Independent of the duration of the employment relationship: <ul style="list-style-type: none"> • until the woman returns to work (part-time or full-time) • but not for longer than 14 weeks (or 98 days)
Financing	<ul style="list-style-type: none"> • Income compensation fund reserves • financed equally by employer and employee contributions
Claim	<ul style="list-style-type: none"> • usually by the woman entitled to the allowance: • via the employer (employee) • directly from the AHV administration office (women who are self-employed, unemployed, unable to work) <p>Claims can be filed up to five years after expiry of the allowance period.</p>

This is always subject to employer regulations providing for an allowance that exceeds the legal minimum allowance.

¹⁾ Time during which the woman was insured or employed in a member country of the EU or EFTA is taken into account

²⁾ Daily allowance: subject to AHV/IV and EOG contributions and to unemployment insurance (ALV) for woman employees