

Monthly invoice for private home help services

Home help for:

Surname

First name

SWICA insured person no.*

Date of birth

(Day/month/year)

Gender

Male

Female

Street/no.

Postcode/town

AHV no.*

Card identification no.*

*This information is shown on the insurance card.

Reason for the home help services (HHS)

Illness

Accident

Maternity

Month/Year

Please enter the number of hours for each day that home help was provided.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Hours of HHS																

Day	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours of HHS															

Services	Total hours	Hourly rate (incl. social insurance contributions)	Total CHF
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Home help services

Home help provided by:

Surname

First name

Services paid for on

Social insurance contributions paid?**

Yes

No

**Social insurance contributions must be paid where home help services are provided by private individuals. If you are not familiar with the provisions of the AHV and IV that govern home help for private households, we recommend you contact the municipality or visit ahv-iv.ch/p/2.06.e for further information.

Place/date

Signature of home help