

Scala affiliation agreement

between the specified employer and the GastroSocial Pension Fund on behalf of the company specified below

Employer: _____ **Company no. (UID):**

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Legal entities pursuant to entry in commercial register (public limited company, limited liability company, cooperative, foundation, association, partnership limited by shares, public sector entity, e.g. Sample Ltd., Restaurant Sample Limited Liab Co etc.), sole trader (sole proprietorship) or partnership entered or not entered in commercial register (simple partnership, general partnership, limited partnership, community of heirs, e.g. Sample & Co., Example + Sample, Sample + Partner etc.)

Business/Trading name: _____ **Settlement number:**

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If an employer operates several businesses, a separate affiliation agreement must be concluded for each one.

Street, Number: _____

Postcode, Town: _____

Telephone: _____

E-Mail: _____

1 Do you have additional business establishments? Yes No

2 At the time of the affiliation or on the date of signature of this affiliation agreement, are any of the persons to be insured incapable of working? Yes No

3 The employer applies for affiliation of the aforementioned business with the GastroSocial Pension Fund from:

day		month		year					

Desired pension plan: Scala Basis Basic insurance pursuant to the BVG
 Scala Top Supplementary insurance for higher salaries
 Scala Plus Supplementary insurance for higher salaries and benefits
 Integral Supplement to the aforementioned plans: Insurance of the total gross salary subject to social security contributions (AHV), without any coordination deduction
 see appendix for the pension plan

How do you wish to submit the salary notification to the GastroSocial Pension Fund?

- monthly
 quarterly
 annually

In the absence of a response, we will assume this to be quarterly.

4 The employer undertakes to insure all its employees pursuant to the Federal Law on Occupational Retirement, Survivors' and Disability Pension Plans (BVG) with the GastroSocial Pension Fund and to pay the regulatory contributions. More advanced provisions from collective labour agreements are not insured under this agreement.

Number of permanent employees younger than 25: _____ 25 years or older: _____

5 This agreement enters into force as soon as the employer has received written confirmation of affiliation from the Gastro-Social Pension Fund.

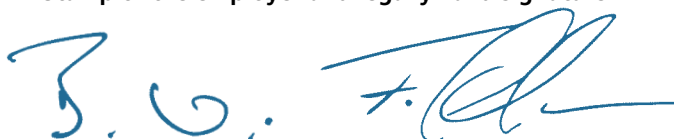
- 6 The Regulations form an integral part of this affiliation agreement. All subsequent changes to the Regulations also apply to the employer, its insured employees and the pension recipients.

The employer undertakes to notify the Pension Fund of all information required for the proper management of the insured pool. In particular, the business establishment must provide timely notification of all employees to be insured as well as any changes (persons joining and leaving, changes in marital status, changes to salary, insured events etc.). The employer is also under an obligation to provide all of its insured employees with a copy of the relevant valid Regulations.

- 7 This affiliation agreement remains valid for at least 3 years from the end of the current year. It will be automatically renewed for 1 year at a time unless it is terminated by the employer or the GastroSocial Pension Fund 6 months before the end of its term. A possibility of an extraordinary termination is reserved as referring to in Art. 2.3.2 and Art. 18.3 of the regulations. On termination of the agreement all pension recipients will be transferred to the new Pension Fund. The provisions of art. 53e par. 4bis BVG apply.
- 8 If the employer is also insured with the GastroSocial Compensation Fund for the specified business, the employer herewith authorises the GastroSocial Pension Fund to deduct outstanding claims from any credit balance with the GastroSocial Compensation Fund. It also authorises the GastroSocial Compensation Fund and the GastroSocial Pension Fund to exchange data regarding the company and insured employees where this data are relevant for determining the contributions and providing benefits.
- 9 I/We confirm that I/we have answered questions 1 and 2 truthfully, have taken note of sections 4 to 9, and agree to the procedure as set out in section 8. If false information is given in response to question 2, the GastroSocial Pension Fund can retroactively withdraw from the affiliation agreement within 3 months of finding out about this. The employer authorises GastroSocial to obtain all the information necessary for the transfer of the contract and pertinent to the benefit cases from the previous Pension Fund.
- 10 The employer hereby confirms that affiliation with the GastroSocial Pension Fund is carried out with the agreement of the staff and/or the employee representatives (art. 11 par. 3bis BVG).

Place and date

Stamp of the employer and legally valid signature



Agent and company (if available)

GastroSocial Pension Fund