

Scala affiliation agreement

between self-employed individuals and the GastroSocial Pension Fund

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

C H E -

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:**

| | | . | | | . | |

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 individuals listed below request 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

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 persons to be insured (only persons who are registered as self-employed individuals with an AHV compensation office):

Surname, First name: _____ **Social security (AHV) number:**

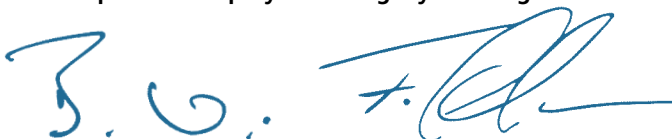
| | | . | | | . | | | . | |

Surname, First name: _____ **Social security (AHV) number:**

| | | . | | | . | | | . | |

5 Self-employed individuals must complete the health questionnaire.

- 6 This agreement enters into force as soon as written confirmation of affiliation is received from the GastroSocial Pension Fund.
- 7 The Regulations form an integral part of this affiliation agreement. All subsequent changes to the Regulations also apply to the self-employed individuals.
- 8 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.
- 9 If the company of the self-employed individual 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.
- 10 This affiliation agreement is only valid if the company of the self-employed individual(s) is also affiliated with the GastroSocial Pension Fund. If the agreement between the business establishment of the self-employed individual(s) and the GastroSocial Pension Fund is terminated, the validity of this affiliation agreement will end on the same date.
- 11 I/We confirm that I/we have answered questions 1 and 2 truthfully, have taken note of sections 4 to 11, and agree to the procedure as set out in section 9. 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 self-employed individuals 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.

Place and date
Stamp of the employer and legally valid signature


Agent and company (if available)
GastroSocial Pension Fund