

## Registration by employer

---

### Company details

Employer: \_\_\_\_\_

Legal form:  Joint stock company  Limited liability company  
 Cooperative society  Partnership limited by shares  
 Association  Foundation  
 Public-sector entity

UID number:

**C H E -** \_\_\_\_\_

Date of establishment: \_\_\_\_\_

Sector: \_\_\_\_\_

Previous owner: \_\_\_\_\_

Is this an agricultural enterprise?  Yes  No  
 Language of correspondence:  German  French  Italian

### Requested insurance cover/services (it is not recognized as an official request)

GastroSocial Pension Fund (Pillar 2):  Yes  No  
 Daily Sickness Benefits Insurance (SWICA):  Yes  No  
 Accident Insurance (SWICA):  Yes  No  
 Are you interested in the services of Gastroconsult (fiduciary, controlling, consulting)?  Yes  No

### Business address (location of establishment)

Name of business establishment: \_\_\_\_\_ Street, Number: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_ Postcode, Town: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Website: \_\_\_\_\_

### Contact person

Surname, First name: \_\_\_\_\_  
 Telephone (direct line): \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### Different mailing address for business correspondence

Company name, Surname, First name: \_\_\_\_\_  
 Additional address line: \_\_\_\_\_  
 Street, Number: \_\_\_\_\_  
 P.O. Box: \_\_\_\_\_  
 Postcode, Town: \_\_\_\_\_

### Payment address

IBAN number:

### Details of association membership

Membership of the GastroSuisse Professional Association is compulsory for affiliation with the GastroSocial Compensation Fund (Federal Law on Old Age and Survivors' Insurance, AHVG art. 64 par. 1).

Are you already a member of GastroSuisse?  Yes  No

If yes, please provide your membership number: \_\_\_\_\_

If no, do you wish to become a member of GastroSuisse? (see separate application for membership)  Yes  No

### Branches

Do you have other branches?  Yes  No

### Employees

Number of employees: \_\_\_\_\_

Do you have employees who have other paid employment abroad as well?  Yes  No

If you have employees, the following information must be provided:

Salaries subject to AHV contributions from (date): \_\_\_\_\_

Presumed monthly gross payroll total subject to AHV contributions (incl. due of 13<sup>th</sup> monthly salary): \_\_\_\_\_

We will calculate the contributions on account on the basis of this information.

If you have a seasonal establishment, please enter the relevant periods:

Summer season (from – to): \_\_\_\_\_

Winter season (from – to): \_\_\_\_\_

Are you already registered with an AHV compensation office?  Yes  No

If yes, please provide the name of the compensation office: \_\_\_\_\_

Are you already registered with a family compensation office?  Yes  No

If yes, please provide the name of the family compensation office: \_\_\_\_\_

### Family allowances

If you have employees, we require the following information:

Presumed monthly family allowances: \_\_\_\_\_

Number of employees with children or young adults in education: \_\_\_\_\_

### Employee benefits insurance (BVG)

If you have employees, we require the following information:

Are your employees affiliated with a Pension Fund?  Yes  No

If yes:

Name of the Pension Fund: \_\_\_\_\_

Address of the Pension Fund: \_\_\_\_\_

Policy number (please enclose a copy of the affiliation agreement): \_\_\_\_\_

Please indicate the reason if you are exempt from the obligation to provide insurance cover under the Federal Law on Occupational

Retirement, Survivors' and Disability Pension Plans (BVG):

- No employees subject to the BVG
- Salaries fall below the entry threshold (CHF 21'330.–/year or CHF 1'777.50/month)
- Employment contracts are fixed for a term of 3 months or less
- The employees only work part-time (e.g. board of directors fees)
- The employees are at least 70 % disabled as defined by the Federal disability insurance (IV)
- The employees are family members of the owner of the business establishment as an agricultural enterprise
- The employees do not work in Switzerland permanently (exempt from the obligation to belong to a pension fund)

#### Direct debit

Would you like to pay your invoices by direct debit?  Yes  No

#### Salary programme miruSocial (only available in German, French or Italian)

Are you interested in our online salary programme?  Yes  No

E-Mail: \_\_\_\_\_

#### PartnerWeb

Surname, First name: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Enclosures to be submitted

- Copy of Commercial Register excerpt
- For associations: Articles of association

Comments:

#### Confirmation

The application has been completed truthfully.

I/We agree that the GastroSocial Compensation Fund may deduct outstanding claims from any credit balance with the Gastro-Social Pension Fund if the company is also insured with this Pension Fund.

I/We agree that the GastroSocial Compensation Fund and the GastroSocial Pension Fund may exchange data regarding the company and insured employees where this data are relevant for determining the contributions and providing benefits.

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Stamp and legally valid signature

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Stamp and legally valid signature

**Incomplete documentation will delay the application process.**

Please sign and send to GastroSocial.