

Registration by employer – Compensation Fund

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

Company details

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

Do you have employees? Yes No

If yes, how many do you have? _____

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 13th 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 21'510.–/year or CHF 1'792.50/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-Connect

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

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Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.