

Registration by sole proprietorship/self-employed individual – Compensation Fund

Details of sole proprietorship

UID number:

Name: _____

C H E -

Date on which business started: _____

Sector: _____

Is this an agricultural enterprise? Yes No

Previous owner: _____

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

Do you employ staff in your private household? Yes No

If yes, to which compensation office do you pay the contributions for your employees? _____

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:

Details of self-employed individual

Personal data of business owner

Surname(s): _____

First name(s): _____

Title: _____

Nationality: _____

Date of birth: _____

Insurance number: _____

Gender: Male Female

Current marital status: Single
 Married
 Registered partnership
 Separated
 Divorced
 Widowed

Since: _____

Personal details of spouse or registered partner

Surname(s): _____

First name(s): _____

Nationality: _____

Date of birth: _____

Insurance number: _____

Gender: Male Female

Working in the business? Yes No

Place of residence (tax domicile)

Addition to address: _____

Street, Number: _____

Postcode, Town: _____

Telephone: _____

E-Mail: _____

Details on self-employment

Self-employed since: _____

Self-employment as

Primary occupation

Secondary occupation

If secondary occupation: Do you have another job as:

Employee

Self-employed individual

If an employee, please provide the name of the company: _____

Criteria for determining self-employment status

(in accordance with the instructions regarding pensionable salary for AHV, IV and EO)

Do you have your own business premises or office (not in your own home)?

Rented

Leased

Owned

Please enclose a copy of your rental, lease or purchase contract.

Do you have any equipment and machinery that is customary for your line of work?

Yes

No

Have you made substantial investments and do you own significant corporate resources: such as office infrastructure (PCs, specialised programmes, fax etc.) or other assets?

Yes

No

Enclose copies

Do you procure your materials at your own cost?

Yes

No

Do you have any contractual agreements or cooperation agreements or have you issued any quotations?

Yes

No

Enclose copies

Do you use your own name in dealings with your clients?

Yes

No

If not, what name do you use? _____

Do you personally bear the risk in respect of profit and loss?

Yes

No

If not, who bears the risk? _____

Do you employ staff?

Yes

No

If no, are you free to decide to employ staff?

Yes

No

Do you make business decisions yourself?

Yes

No

Which obligations are you subject to?

Attendance requirement

Personal obligation to perform work or service

Work reports

none

other: _____

From whom do you obtain your income?

Guests/Clients

Contracting party/parties, namely: _____

Employer(s), namely: _____

Give a brief description of your work: _____

The competent compensation office will decide on an ad hoc basis if the insured must be deemed a self-employed individual as defined by the Federal Law on Old Age and Survivors' Insurance (AHV).

Earned income and equity

At how much do you estimate your income from self-employment (after deduction of your expenses)?

Expected income from self-employment for current year:

Period (from – to):

Please enclose the declarations of income and financial statements for the previous year.

Equity invested in the business:

Do you have paid employment abroad?

Yes No

If yes, as:

Employee

Self-employed individual

in which country:

Comments:

Enclosures to be submitted:

- Copy of Commercial Register excerpt
- **Copy of rental/leasehold/purchase contract (mandatory)**

Confirmation

I hereby confirm that I have completed the application fully and truthfully.

I/We agree that the GastroSocial Compensation Fund may deduct outstanding claims from any credit balance with the GastroSocial 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

Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.