

Registration by partnership – Compensation Fund

Company details

Name of company: _____

Legal form: Simple partnership Limited partnership
 General partnership Community of heirs

Date of establishment: _____

UID number:

Sector: _____

C H E -

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: _____

Addition to address: _____

Street, Number: _____

P.O. Box: _____

Postcode, Town: _____

Telephone: _____

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
- **Copy of rental/leasehold/purchase contract (coactive)**

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 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**

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Incomplete documentation will delay the application process.

Please sign and send to GastroSocial.