

**Employer-Employee Agreement in accordance with Article 21, para. 2  
of Regulation (EC) No. 987/09**

The employee is subject to the Swiss social security legislation<sup>1</sup>, and the employer does not have any place of business in Switzerland.

The employee and the employer hereby agree that the employee shall assume employer's obligations as regards to the payment of social security contributions and the provision of legally required information.

The employer remains liable for the payment of contributions to Swiss social security institutions.

**1 Employee**

Name .....	.....
First name(s) .....	.....
Date of birth .....	Nationality .....
Address .....	.....
.....	.....
AHV-AVS No. ....	Telephone .....

**2 Employer**

Name of the employer or company .....	.....	
.....	.....	
Address .....	.....	
.....	.....	
Telephone .....	Fax .....	E-mail .....

**The employee shall send a copy of the present agreement to the following insurance institutions:**

- a) **The competent AHV-AVS Compensation office (1st pillar of the statutory old-age insurance scheme)**  
If the employee has several employers and if one of them has a place of business in Switzerland, the present document must to be sent to the AHV-AVS Compensation office of the latter.
  
- b) **The Swiss National Accident Insurance Fund (SUVA) for companies referred to in Art. 66 of the Federal Act on Accident Insurance (AIA), otherwise an accident insurance provider in accordance with Art. 68 AIA for other companies**  
If the employee has several employers and if one of them has a place of business in Switzerland, then the accident insurance provider of the latter is competent. However, if such an employee works in different fields of activity, contributions may have to be paid to both the SUVA and another accident insurance provider in accordance with Article 68 AIA.

<sup>1</sup> For an overview of the Swiss social security system, see [www.bsv.admin.ch](http://www.bsv.admin.ch) > Themes > International Affairs

c) **The employer's occupational benefit institution (2nd pillar of the Swiss statutory old-age insurance scheme):**

i) Name of the registered occupational benefit institution (pension fund):

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ii) If the employer is still not affiliated to a registered occupational benefit institution in accordance with sub-paragraph i), it must conclude an affiliation contract with an occupational benefit institution. By signing the present agreement, the employer authorises the employee to conclude such an affiliation contract. The employer and the occupational benefit institution acknowledge that under this affiliation contract all persons that work for this employer, who is subject to Swiss legal provisions on occupational benefit plan, shall be insured with said occupational benefit institution.

d) **The Family Compensation office in the canton of residence if the employee resides in Switzerland, or the Family Compensation office in the canton where the main activity is performed**

If the employee has several employers and if one of them has a place of business in Switzerland, the present agreement must to be sent to the Family Compensation office of the latter.

**The payment of mandatory health insurance contributions falls to the employee.**

.....  
Date, signature of the employee

.....  
Date, signature of the employer