

## Affiliation agreement Scala Management

between the specified employer and the GastroSocial Pension Fund on behalf of the company specified below

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

Company no. (UID):

C H E -

Legal entities according to entry in commercial register (public limited company, Ltd, cooperative, foundation, association, share commandite company, public sector entity, e.g. Sample plc., Restaurant Ltd etc.), sole trader (sole proprietorship) or partnership entered or not entered in commercial register (simple partnership, general partnership, limited partnership, community of heirs, e.g. Sample & Co., Example + Sample, Sample + Partner etc.)

Settlement number:

Group of insured persons: \_\_\_\_\_

(e.g. executive management, executive board, department heads)

Street, Number: \_\_\_\_\_

Postcode, Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

1 Did the persons to be insured experience any incapacity for work in the period between the company affiliation date and the signing of this affiliation agreement?  Yes  No

2 The employer applies for affiliation of the above-mentioned group of persons with the GastroSocial Pension Fund from:       
Day Month Year

- Preferred pension plan:
- Scala Basis Basic insurance as defines in the BVG
  - Scala Top Insures higher salaries
  - Scala Plus Insures higher salaries and benefits
  - Integral Supplement to the above-mentioned plans: Insurance of the total gross salary subject to social security contributions (AHV), without any coordination deduction
  - according to the enclosed pension plan

When do you wish to submit the salary notification to the GastroSocial Pension Fund?

- monthly
- quarterly
- annually

If we do not hear from you to the contrary, we will assume that you wish to submit quarterly salary notifications.

The employer and employee contributions are charged to the employer retroactively, either monthly, quarterly or annually, depending on the cycle chosen above. If no option is chosen, the contributions will be payable quarterly. Contributions must be paid within 30 days of the invoice date. In the event of late payment, a reminder fee plus interest on arrears will become payable according to Art. 18.3.1 and Art. 18.3.4 of the Regulations.



- 7 If the employer is also insured with the GastroSocial Compensation Fund for the specified business, the employer herewith authorises the GastroSocial Pension Fund to deduct outstanding claims from any credit balance with the GastroSocial Compensation Fund. It also authorises the GastroSocial Compensation Fund and the GastroSocial Pension Fund to exchange data regarding the company and insured employees where this data are relevant for determining the contributions and providing benefits.
- 8 The employer confirms that the contributions owed are calculated on the basis of the salary notifications submitted in writing or electronically and the contribution rates for the chosen pension plan.
- 9 I/we confirm that I/we have answered question 1 truthfully, have taken note of sections 3 to 9, and agree to the procedure as set out in point 7. If question 1 has not been answered truthfully, the GastroSocial Pension Fund can retroactively withdraw from the affiliation agreement within three months of finding out about the fact. The employer authorises GastroSocial to collect all the information it needs regarding the assumption of the agreement and benefit cases from the previous pension fund.
- 10 The employer hereby confirms that affiliation with the GastroSocial Pension Fund is carried out with the agreement of the staff and/or the employee representatives (Art. 11 para. 3bis BVG).

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**Place and date**
**Stamp of the employer and legally valid signature**



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**Agent and company (if available)**
**GastroSocial Pension Fund**