



Application to remain subject to Swiss social insurance legislation during the temporary exercise of a professional activity abroad

The present application form must be duly completed and lodged with the competent OASI Compensation Office.

In accordance with Art. 28 GSSLA, insured persons and employers are required to supply all information necessary for the application of the various laws on social insurance.

This form must be completed in block capitals. The employer and the employee or self-employed person must sign the form in the fields designated for this purpose. Incomplete applications will not be considered.

Employee or self-employed person

Swiss social security number (OASI no.)

Last name

Name at birth

First name(s) as officially registered

Sex

male

female

Date of birth (dd.mm.yyyy)

Place of birth

All citizenships held

Health insurance

Current Swiss health insurer (HInsA)

The worker is exempt from obligatory insurance cover in Switzerland. Please enclose the requisite certificate from the competent cantonal authority.

Home address in Switzerland during the period of expatriation

P.O. Box

Street and no.

Postcode

Town/municipality

Country

Tel.

E-mail

Address abroad during the period of expatriation (if known)

P.O. Box

Street and no.

Postcode

Town/municipality

Country

Tel.

E-mail

To be completed if the country of residence will change during the period of expatriation

From (country)

To (country)

Situation in Switzerland

Erwerbsart ☐ employed ☐ self-employed

Name of employer

Company identification number (if available)

Contact person

P.O. Box

Street and no.

Postcode

Town/municipality

Country

Tel.

E-mail

Date on which employment relationship or self-employment began (dd.mm.yyyy)

If fixed-term contract, terminates (dd.mm.yyyy)

Present OASI compensation office

Present OASI account number

Present Swiss occupational pension scheme (OPA)

The posted worker is exempt from the obligation to be insured in Switzerland. *Please attach a certificate from the pension scheme manager.*

Present accident insurer (AIA)

Temporary activity abroad

Country

Details (if known)

Name of employer

Company identification number (if available)

Contact person

P.O. Box

Street and no.

Postcode

Town/municipality

Country

Tel.

E-mail

no known fixed address

Expected duration of temporary activity, from (dd.mm.yyyy)

to (dd.mm.yyyy)

The employee or self-employed person has already worked in the country concerned in the last two years

yes

no

If yes, indicate the periods of employment

from (dd.mm.yyyy)

to (dd.mm.yyyy)

from (dd.mm.yyyy)

to (dd.mm.yyyy)

from (dd.mm.yyyy)

to (dd.mm.yyyy)

from (dd.mm.yyyy)

to (dd.mm.yyyy)

from (dd.mm.yyyy)

to (dd.mm.yyyy)

from (dd.mm.yyyy)

to (dd.mm.yyyy)

To be completed by employees

The employee is being posted to replace another posted worker	yes	no
The employer in Switzerland, not the local company, may decide to terminate the contract with the employee during their posting	yes	no
The employer in Switzerland is able to decide the key aspects of the activity performed abroad	yes	no
After this posting, the employee will resume work in Switzerland, probably with the same employer	yes	no
The employment contract is concluded with	the local company the employer in Switzerland	
The employee will be paid by	the local company the employer in Switzerland	
Social security contributions will be paid by	the local company the employer in Switzerland	

To be completed by self-employed persons

During the posting, a business structure will be maintained in Switzerland (e.g. offices or an authorization to exercise a profession), so that business activity can be resumed on return from abroad	yes	no
The temporary activity to be performed abroad is similar to the work usually performed in Switzerland	yes	no

If yes, description

Employee or self-employed person's representative (optional). Please attach power of attorney

Name of employer

Contact person

P.O. Box

Street and no

Postcode

Town/municipality

Country

Tel.

E-mail

Family members

Spouse/registered partner

OASI no.	Last name	First name	Sex	Date of birth (dd.mm.yyyy)	Date of marriage or registered partnership (dd.mm.yyyy)	Resident address prior to the expatriation	Resident address during the period of expatriation
			male female				

Children

OASI no.	Last name	First name	Sex	Date of birth (dd.mm.yyyy)	All nationalities held	Is in education	Resident address prior to the expatriation	Resident address during the period of expatriation
			male female		CH EU state EFTA state	yes no		
			male female		CH EU state EFTA state	yes no		
			male female		CH EU state EFTA state	yes no		
			male female		CH EU state EFTA state	yes no		
			male female		CH EU state EFTA state	yes no		
			male female		CH EU state EFTA state	yes no		

Comments

The undersigned hereby declare that all the information given is true and accurate. They are aware that the competent bodies may carry out checks both in Switzerland and abroad and that, if the information given in this application is false, the posting certificate/individual agreement may be revoked. The social security legislation of the country in which the temporary activity is performed shall then apply.

The undersigned undertake to inform the competent OASI Compensation office or the Federal Social Insurance Office immediately of any changes in the information given in this application. They will ensure that social insurance contributions are collected in Switzerland on the whole of their salary, whether received in Switzerland or in the foreign country.

Information regarding data protection:

The information given on this form will be used by the OASI Compensation Office and the Federal Social Insurance Office in the exercise of their mandatory duties. It will be entered and recorded electronically and used in compliance with the rules governing data protection. The co-signatories consent to these data being made available to other Swiss social insurance bodies or to any other institution legally approved to ensure that the statutory regulations are duly implemented.

The employee

The employer or self-employed person

Date:

Date:

Signature:

Company stamp and signature:

Important information:

Continuing insurance coverage in Switzerland during the temporary performance of a professional activity in a State with whom Switzerland has not concluded a social security agreement **does not automatically exempt the person concerned from other insurance obligations abroad**. Social insurance contributions may also be levied by the State in which the insured performs all or part of his professional activities. **Consequently, the insured may be subject to multiple insurance obligations.**

The individuals concerned and their employer remain subject to statutory contributions to the **Swiss OASI/IV/LEC/UI schemes, family allowance schemes and the accident insurance scheme**. Contributions will be levied on all gross salaries paid to the employee, as well as on any compensation paid by the employer abroad, and on all monetary benefits constituting the salary subject to statutory insurance contributions in Switzerland. As a general rule, they also remain subject to the **mandatory part of the occupational benefit scheme (LPP/BVG)**.

The individuals concerned also remain subject to statutory contributions to the **mandatory Swiss health insurance scheme and the mandatory Swiss accident insurance scheme** for a minimum of 2 years (extendable to a maximum of 6 years) and, in certain instances, for the entire duration of the temporary performance of their professional activity abroad.

Family allowance benefits may be reduced depending on the place where the children concerned reside; the amount of these benefits varies according to the purchasing power of the country of residence. **In certain cases, these benefits will not be granted.**