



Support for the determination of the social security legislation applicable in the case of pursuit of activity in two or more States according to Reg. nos. 883/2004 and 987/2009

This form must be completed if a person holds Swiss citizenship or citizenship of an EU/EFTA State AND

1. is resident in Switzerland AND
2. pursues an activity in at least two States (CH, EU or EFTA) OR
3. pursues an activity in one State (CH, EU or EFTA) and receives social security benefits from another State (CH, EU or EFTA) OR
4. is carrying out a specific professional activity (civil servant, contract staff of the EU, flight crew or cabin crew, seaman).

We recommend transmitting the form to the competent AVS Compensation fund office to determine the applicable legislation.

Interested party

Swiss social security number (OASI no.) (if known) _____

Last name _____

First name(s) as officially registered _____

Date of birth (dd.mm.yyyy) _____

All citizenships held _____

P.O. Box _____

Street and no. _____

Postcode _____ Town/municipality _____

Country _____

Tel. _____ E-mail _____

Mandatory health insurance (KVG) _____

Residence permit in Switzerland for EU/EFTA citizens _____ L B G C

Activity as an employed person or as a self-employed person (complete one section for each activity)

Occupation	Employee	Contract staff of the EU
	Self-employed	Flight or cabin crew member
	Civil servant or considered to be such	Seaman

Country of employment _____

Employer / firm _____

Name of employer _____

Contact person _____

P.O. Box _____

Street and no. _____

Postcode _____ Town/municipality _____

Country _____

Level of employment

less than 5%	5% - 24%	25% or more
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Start of (self-)employment (dd.mm.yyyy) _____

End of contract, if fixed-term (dd.mm.yyyy) _____

Activity as an employed person or as a self-employed person (complete one section for each activity)

Occupation	Employee	Contract staff of the EU
	Self-employed	Flight or cabin crew member
	Civil servant or considered to be such	Seaman

Country of employment

Employer / firm

Name of employer

Contact person

P.O. Box

Street and no.

Postcode

Town/municipality

Country

Level of employment

less than 5%

5% - 24%

25% or more

Start of (self-)employment (dd.mm.yyyy)

End of contract, if fixed-term (dd.mm.yyyy)

Activity as an employed person or as a self-employed person (complete one section for each activity)

Occupation	Employee	Flight or cabin crew member
	Self-employed	Flight or cabin crew member
	Civil servant or considered to be such	Seaman

Country of employment

Employer / firm

Name of employer

Contact person

P.O. Box

Street and no.

Postcode

Town/municipality

Country

Level of employment

less than 5%

5% - 24%

25% or more

Start of (self-)employment (dd.mm.yyyy)

End of contract, if fixed-term (dd.mm.yyyy)

Social security benefits

Type and duration of benefit. State and institution paying the benefit

none

Disability benefit

Country

Institution

Start date (dd.mm.yyyy)

End date (dd.mm.yyyy)

Accident benefit

Country

Institution

Start date (dd.mm.yyyy)

End date (dd.mm.yyyy)

Sickness benefit

Country

Institution

Start date (dd.mm.yyyy)

End date (dd.mm.yyyy)

Unemployment benefit

Country

Institution

Start date (dd.mm.yyyy)

End date (dd.mm.yyyy)

Maternity benefit

Country

Institution

Start date (dd.mm.yyyy)

End date (dd.mm.yyyy)

Other (please give details)

Country

Institution

Start date (dd.mm.yyyy)

End date (dd.mm.yyyy)

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 in EU or EFTA States and that, if the information given in this application is not correct, the person might be subjected to a foreign social security system.

The employer or self-employed worker undertakes to inform the AVS Compensation fund office immediately of any changes in the information given in this application. **They will ensure that social security 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 AVS Compensation fund office in the course of its mandatory duties. It may 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 legally approved institution to ensure that the statutory regulations are duly implemented.

The employee

Date:

Signature:

The employer(s) or the self-employed person

Date:

Company stamp and signature: