

**Affiliation questionnaire for employers of private household employees with legitimation card type " F "**

Salary contributions to

- OASI/DI/IC (Old-age and survivors' insurance / Disability insurance / Income compensation insurance)
- AC (Unemployment insurance)
- AFam (Family allowances)
- AMAT (Maternity insurance allowance)

**Employer's personal details:**

Surname-s, First name-s: ..... Sex:  M  F

Date of birth: ...../...../..... Nationality: .....

Civil Status:  single  married  widow-er  separated  divorced  
 registered partnership **Date of the event (dd/mm/yyyy) : ...../...../.....**

Mission / Organisation: .....

**Private address :**

C/o: .....

Street: ..... No: .....

Postal code: ..... Locality: ..... Phone No: .....

E-mail: ..... Mobile No: .....

**Bank references (important and necessary information in case of refund of premiums):**

Name of the holder of the account: .....

IBAN No: 

C	H																			
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Name of the bank: ..... Locality: .....

**Accident and occupational diseases insurance**

YES Name of your accident insurance company : .....

Police No: ..... **Please enclose a certificate established by your insurer**

NO. Reason: .....

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**Employee's personal details 1:**

756

Surname-s: ..... First name-s: .....

Sex:  M  F Date of birth: ...../...../..... Legitimation card No: .....

Hired as: .....

Starting date of employment in Geneva: ...../...../.....

**Salary in cash** : Gross amount of his/her monthly salary (minimum CHF 1,200.00 net): .....**Salary in kind:**Accommodation: CHF 11.50 / day or CHF 345.00 / month  yes  noMorning meal: CHF 3.50 / day or CHF 105.00 / month  yes  noMidday meal: CHF 10.00 / day or CHF 300.00 / month  yes  noEvening meal: CHF 8.00 / day or CHF 240.00 / month  yes  no

**Salary in kind** (the employer will provide the employee with accommodation in Switzerland which is not within the employer's home, articles 30 and 44 PHEO). *The employer will pay all costs relating thereto (rent, water, gas, electricity). The monthly amount paid in respect of accommodation is considered a benefit in kind constituting a portion of salary and is therefore subject to social security contributions. The employer will pay all travel costs incurred by the employee when travelling between his/her accommodation and the employer's home.*

Accommodation: CHF ...../month Travel costs: CHF ...../month

**Employee's personal details 2:**

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Surname-s: ..... First name-s: .....

Sex:  M  F Date of birth: ...../...../..... Legitimation card No: .....

Hired as : .....

Starting date of employment in Geneva: ...../...../.....

**Salary in cash** : Gross amount of his/her monthly salary (minimum CHF 1,200.00 net): .....**Salary in kind :**Accommodation : CHF 11.50 / day or CHF 345.00 / month  yes  noMorning meal : CHF 3.50 / day or CHF 105.00 / month  yes  noMidday meal : CHF 10.00 / day or CHF 300.00 / month  yes  noEvening meal : CHF 8.00 / day or CHF 240.00 / month  yes  no

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Accommodation: CHF ...../month Travel costs: CHF ...../month

An estimation of total annual salaries paid to your private household employee-s (in cash and in kind):

CHF .....

I confirm that I have completed the application for affiliation in accordance with the Private Household Employees Ordinance (PHEO) and the Federal law on Old-age and survivors' insurance (OASI). I formally attest to the accuracy of the information provided and authorize the Geneva Compensation Fund Office to exchange information with the Permanent Mission of Switzerland to the UNO in Geneva.

Remarks: .....

.....

Date: ...../...../.....

Signature: .....