



Application in relation to posting abroad, extension of posting or long-term posting

Application to remain subject to Swiss social insurance legislation during the temporary exercise of professional activity in a State with which Switzerland has concluded a social security agreement (contracting State or member State of the EU or EFTA). Application in relation to posting have to be lodged with the competent OASI Compensation office. Application in relation to extension of posting as long-term posting have to be lodged with the Federal Social Insurance 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.

Not gainfully employed family members accompanying the posted worker must apply at the competent OASI Compensation office.

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)
All citizenships held	
Health insurance	
Current Swiss health insurer (HInsA)	
The posted worker is exempt from the obligation to be insured in Switzerland. <i>Please attach a certificate from the competent cantonal authority.</i>	
Home address in Switzerland during posting	
P.O. Box	
Street and no.	
Postcode	Town/municipality
Country	
Tel.	E-mail
Foreign address during posting (if known)	
P.O. Box	
Street and no.	
Postcode	Town/municipality
Country	
Tel.	E-mail
To be completed if country of residence is due to change during posting	
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	

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: