

**C V C I
OASI/DI/IC Compensation Fund Office**Av. d'Ouchy 47 – CP 315 - 1001 Lausanne
Tel. 021 613 35 11 – Fax 021 613 35 01 – info@avscvci.ch**Please do not forget**
to sign even if you do not have any
employees this year!**Annual salary statement paid to employees by the employer**

Affiliate number Year of declaration

Company Name

Name of your pension fund (LOB) > if you have switched pension funds this year, please tick the box here and enclose /
attach your insurance certificate

Street / Number

Name of your accident insurance company (AI) > if you have changed your accident insurance company this year, click here
and attach your insurance certificate

Postal code / City

List of staff members			Activity period ³		State Gross Salary		Waiver of the deductible
SSN ¹	Surname and first name	Place of work ²	Start	End	OASI/DI/IC	UI ⁴	
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Click here, if you have not employed any staff this year
Certified accurate and in compliance with the LAVS (i.e. Law on OASI) and the implementing
provisions (cf mémento 2.01, www.ahv-iv.ch/fr/Mementos-Formulaires)

Total amount of salaries submitted / carried forward _____

Date Stamp and signature

¹ NSS = Social Security Number (replace le N° OASI)
² State here the canton of place of work
³ For the year corresponding to that of the declaration
⁴ UI = Unemployment insurance