

## Declaration Cessantia Employer

1. Year of declaration

2. Total number of employees \* As per Dec. 1st, 20 \_\_\_\_

SZV-nummer :

CRIB-nummer :

Please always state these numbers with payment and correspondence

Payment should be done before July the 1st of the year of declaration

3 Cessantia contribution =  
total employees x Nafl. 40,00

x Nafl. 40,00

**A**

**gld.**

A penalty has to be paid of 1% per month if  
payment is made after June 30 of the year of declaration

4 Penalty =  % x A

**B**

**gld.**

**Total premium  
amount payable A+B**

**gld.**

5 \_\_\_\_\_  
Signature of declarant

6 \_\_\_\_\_  
Date and place

### 7 PAYMENT ORDER

Year of declaration

Type of payment

Amount

Paid to

Paid by

To be Transferred/deposit

**gld.**

From Bank account

From/by

To the credit of account

SZV - Social & Health Insurance  
WIB: 872272-02

Year of declaration:

Type of payment: Cessantia

SZV-number:

CRIB-number:

By order of (signature)