

Memorandum of Understanding pursuant to Article SSC.14 (2) of the Protocol
on Social Security Coordination of the Trade and Cooperation Agreement
between an employee and an employer

The employee is subject to Austrian legislation; the employer does not have an establishment in Austria. The employer and the employee hereby agree that the employee shall assume the obligations of the employer to pay the contributions. On the basis of this agreement, the employee is obliged to pay the contributions in full to the competent insurance institution in accordance with Section 53(3)(b) ASVG. In accordance with Section 35(4)(b) ASVG, the employee is also obliged to submit all the notifications prescribed in Sections 33 and 34 leg. cit. themselves.

Employee

Surname	
.....	
First name(s)	
.....	
Date of birth	Nationality
.....
Permanent address ⁽¹⁾ :	
.....	
Insurance number	

Employer/employer

Name or company:
Address ⁽¹⁾ :
.....

Designated institution of the Member State to whose legislation the above-mentioned person is subject

Title:	Identification No ()
Address ⁽¹⁾ :	
.....	
Stamp	Date:

	Signature

.....
Date, signature of the employee

.....
Date, signature of the employer

NOTE

The form must be completed in triplicate in block letters. When filling in, do not start before the dotted line and do not write beyond it.

The designated institution of the state to whose legislation the employee is subject shall provide the employee with two certified copies of this agreement, one of which shall be sent to the employer. Should any of the contracting parties terminate this agreement, the designated institution shall be notified immediately.

COMMENTS

⁽¹⁾ Street, number, postcode, city, country.

⁽²⁾ To be inserted if available.