

Name of employer _____
 Employer number (to be provided by Felixx.® loon) _____

Company details

Company name _____
 Name of contact for company _____
 Email address of contact for company _____
 Name of contact for salary administration _____
 Email address of contact for salary administration _____
 Street and house number _____
 Postcode and place _____
 Chamber of Commerce number _____
 Income tax number _____
 Sector code _____
 Telephone number _____
 General email address _____
 Which accounting package is used? _____
 Do you require a link with this accounting software? Yes No
 What is the name of the accountant? _____
 Should the account receive a login for the accountant? Yes No
 What is the email address of the accountant? _____

Account details

IBAN _____

CLA (Collective Labour Agreement) and BTER (sector-specific schemes)

Which CLA applies within your company? _____
 Are you a member of a sector pension fund? Yes No
 Name of the sector pension fund _____
 Registration number of the sector pension fund _____

Return to Work Fund

Does the company choose to bear the excess of the WGA risk (Return to Work Scheme for the Partially Disabled)? Yes No
 With which insurance company have you covered the risk? _____
 Does the company choose to bear the excess of the ZW risk (Sickness Benefits Act)? Yes No
 With which insurance company have you covered the risk? _____

Employment agreements

How many hours constitute a full working week?	<hr/>		
How much is the percentage of the holiday allowance?	<hr/>		
In which month is the holiday allowance paid?	<hr/>		
Entitlement to hours of holiday on a full-time basis?	<hr/>		
Do you want to submit the requests for leave via Felixx.® loon yourself?	Yes	No	
Leave registration via Felixx.® loon?	Yes	No	
Does a thirteen month payment apply?	Yes	No	
Do Christmas packages apply?	Yes	No	If yes: inform Felixx.® loon
Does work clothing apply?	Yes	No	If yes: has this been verified?
Are employees to have their own login details?	Yes	No	If yes: please provide private email addresses
Are expenses reimbursed?	Yes	No	If yes: please specify below
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Company schemes

Do you have your own company-specific pension scheme?	Yes	No
Which pension provider are you signed up with?	<hr/>	
Do you have a Health & Safety service?	Yes	No
Which Health & Safety service are you signed up with?	<hr/>	
Does your insurance cover continued payment of wages in the event of illness?	Yes	No
Which insurance company are you insured with?	<hr/>	

Documents to be submitted

Copy of an extract from the Chamber of Commerce (not older than one year)	
Copy of passport or proof of ID of the owner or driver	
Copy of most recent payslip per employee	(to be submitted in the case of an ongoing salary administration)
Copy of Return to Work Fund decision of the Tax Office	(to be submitted in the case of an ongoing salary administration)
Latest income tax statement	(if possible in an XML file)
Private email addresses for employee login	(if applicable)