

INFORMATION ABOUT EMPLOYER

Name of employer				
Company structure			Correspondence language	
<input type="checkbox"/> Self-employed entrepreneur	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited partnership	<input type="checkbox"/> Limited company	
<input type="checkbox"/> Household	<input type="checkbox"/> Other	<input type="checkbox"/> Finnish	<input type="checkbox"/> Swedish	
<input type="checkbox"/> English	Business ID or personal ID number		Place of domicile	
Address		Postcode and post office		
Person handling employment relationship enquiries	E-mail		Telephone number	
Person handling corporate insurance decisions	E-mail		Telephone number	
Names and personal ID numbers of partners and shareholders	Partners in limited partnership		Shareholders in limited companies by percentage of shares/votes	
	Liable	Silent		Is this person a family member of an owner residing at the same address? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	%		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%	

NOTIFICATION AND PAYMENT INFORMATION

SELECT OPTION A OR B

A. I will provide salary information annually and pay the premium as invoiced advance premiums.

Notification method for salary information
 Pension Fennia Online service TYVI service Other

The advance premium shall be paid in
 1 instalment 2 instalments 4 instalments 6 instalments 12 instalments

The first month due

A completed TyEL employment notification form for all employees covered by the TyEL scheme must be attached to this application.

INFORMATION NECESSARY FOR INSURANCE MANAGEMENT

B. I will provide salary information monthly and pay the premiums based on the salary earned during the previous month.

Notification method for salary information
 Pension Fennia Online service TYVI service Other

If you would like to take advantage of the free online services provided by Pension Fennia for the routine management of your TyEL insurance policy issues, please complete an Online agreement and attach it to the application. The agreement can be printed out at www.elake-fennia.fi/online (in Finnish and Swedish only).

Commencement date of the first employment	Number of employees	Total payroll €/month
Are all employees insured under this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insured group of employees, if all employees of policyholder are not covered by this policy	
With which insurance company are the other employees covered by TyEL insured?		
The employees are being transferred from an existing insurance policy <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of company's former owner and/or company's name	
I would like to be invoiced electronically <input type="checkbox"/> Yes <input type="checkbox"/> No		
Electronic invoice address (series of numbers)	Electronic invoicing operator	
Invoicing address, if other than that of policyholder		
Date and signature of employer	Additional information	

SIGNATURE

SALES CONTACT INFORMATION

Agency 1	Name and telephone number	Communications Manager
Agency 2	Name and telephone number	
Employer's accident insurer		

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INSTRUCTIONS – the form should be completed as thoroughly as possible

INFORMATION ABOUT EMPLOYER

Fill in the information about the employer as thoroughly as possible.

The person handling employment relationship enquiries is the person who serves as the contact between the policyholder and Pension Fennia, particularly on matters that concern employment or salary information.

The person handling corporate insurance decisions is, for example, the company's managing director or financial manager.

In terms of company ownership, fill in the full names of the shareholders and partners and their personal identity numbers.

- In a limited company, any person employed in a management position is covered by the Employees' Pensions Act (TyEL) if he/she either alone or together with one or more family members residing at the same address owns a maximum of 50% of the company's share capital, or if the amount of his/her votes, either alone or together with one or more family members, is no more than one half of all the votes represented by the shares.
- In partnerships and limited partnerships, the liable partners are covered by the Self-Employed Persons' Pensions Act (YEL). A silent partner in a limited partnership falls under TyEL coverage if the said person works for the company and receives wages or a salary on a pay-as-you-earn basis.

NOTIFICATION AND PAYMENT INFORMATION

Select option A or B:

- A: If you opt to provide payroll information on an annual basis, the premiums to be paid as advance premiums are based on the estimated annual total payroll amount. The final premium will be adjusted in accordance with the actual payroll total in the spring of the following year. The advance premiums can be paid in 1, 2, 4, 6 or 12 instalments throughout the year.
- B: If you opt to provide payroll information on a monthly basis, you are obligated to state the salary amount and to pay the premium no later than the 20th day of the month following the salaried month. The payroll information may be provided to Pension Fennia, for example, through the Pension Fennia Online service or TYVI operator.

You may take advantage of the free online services provided by Pension Fennia for the routine management of your TyEL insurance policy issues (employment and annual notifications, payroll notifications or monthly notifications). In order to access the service, you must complete and print out the agreement available at www.elake-fennia.fi/online. The signed agreement should then be attached to your insurance application. This will help to ensure smooth access to the service.

SIGNATURE

The insurance application shall be signed by a person who is so entitled.

FURTHER INFORMATION

Further information about insurance coverage is available from www.elake-fennia.fi or our customer service line at +358 (0)10 195 060.

ELÄKE-FENNIA / PENSIONS-FENNIA
VASTAUSLÄHETYS / SVARSFÖRSÄNDELSE
Sopimus / Avtal 5010419
00003 VASTAUSLÄHETYS

Taita, laita lomake väliin, mittaa/teippaa reunoista ja postita.