

CANCELLATION

Authorized pension company from which the insurance is cancelled	The insurance expires on <input type="checkbox"/> 31.12. <input type="checkbox"/> 31.3. <input type="checkbox"/> 30.6. <input type="checkbox"/> 30.9. 20 _____
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The insurance will be transferred on the day following the day of expiry to Mutual Insurance Company PENSION FENNIA.

INFORMATION ABOUT EMPLOYER

<input type="checkbox"/> TyEL basic pension insurance	Policy number	<input type="checkbox"/> TEL supplementary pension insurance	Insurance number
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Name of employer

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

NOTIFICATION AND PAYMENT INFORMATION

<b>SELECT OPTION A OR B</b> <input type="checkbox"/> <b>A.</b> I will provide salary information annually and pay the premium as invoiced advance premiums.	Notification method for salary information <input type="checkbox"/> Pension Fennia Online service <input type="checkbox"/> TYVI service <input type="checkbox"/> Other
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The advance premium shall be paid in <input type="checkbox"/> 1 instalment <input type="checkbox"/> 2 instalments <input type="checkbox"/> 4 instalments <input type="checkbox"/> 6 instalments <input type="checkbox"/> 12 instalments	The first month due
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<input type="checkbox"/> <b>B.</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 <input type="checkbox"/> Pension Fennia Online service <input type="checkbox"/> TYVI service <input type="checkbox"/> Other
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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](http://www.elake-fennia.fi/online) (in Finnish and Swedish only).

Number of employees	Total payroll €/month
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I would like to be invoiced electronically  
 Yes  No

Electronic invoice address (series of numbers)	Electronic invoicing operator
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Invoicing address, if other than that of policyholder

SIGNATURE

Date and signature of employer	Additional information
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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](http://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](http://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.