

Policy number 4 4 -	Department	Pension group	Name of employer
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Surname of employee		First names of employee			
Personal ID number		Gender	Unsalariated absence	Starting date (dd.mm.yyyy)	Ending date (dd.mm.yyyy)
Starting date (dd.mm.yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Reason for absence (tick)		
Ending date (dd.mm.yyyy)		<input type="checkbox"/> Military/civilian service <input type="checkbox"/> Child-care leave <input type="checkbox"/> Lay-off <input type="checkbox"/> Study leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Employment leave <input type="checkbox"/> Alternating leave <input type="checkbox"/> Maternity leave			
Ending year's earnings in euro, cent					

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Ending year's earnings in euro, cent					

**The insurance policy remains valid without employment (dormant)**   Final date of last employment \_\_\_\_\_ (dd.mm.yyyy)

**We request that the insurance policy be terminated, because**

the company's operations have ceased, date \_\_\_\_\_ (dd.mm.yyyy)    there are no TyEL employees

the company has been sold, date \_\_\_\_\_ (dd.mm.yyyy)

the company's business operations have been sold, date \_\_\_\_\_ (dd.mm.yyyy)

The company's new owner \_\_\_\_\_

The present employees will transfer to the new company    Yes    No

Bank account number (for the possible refund of any payments) \_\_\_\_\_

Person in charge of enquiries \_\_\_\_\_

Telephone \_\_\_\_\_

Place and date \_\_\_\_\_

Signature of employer \_\_\_\_\_

## INSTRUCTIONS ON COMPLETING THE EMPLOYMENT FORM

The employment form is a machine-readable form, so it should be completed very carefully. The fields of the form are configured into boxes that will each hold only one letter or number. The fields should be filled in by printing clearly using a ballpoint pen. All characters should be completely inside of the box.

No marks may be made anywhere on the form other than in the specified boxes.

The personal ID number should be filled in completely; in other words, in the same format as it appears on an official document (i.e. driving licence, personal ID card, passport, etc.) and in the population register. If the person in question does not have a Finnish ID number, fill in the space with the person's birth date and tick the person's gender.

### OF PARTICULAR IMPORTANCE:

The employment form is policy-specific. The form should be completed with the employment information for a single insurance policy.

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Mutual Insurance Company PENSION FENNIA

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Fax  
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Internet  
[www.elake-fennia.fi](http://www.elake-fennia.fi)

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