

Policy no. <b>46-</b>		Name of policyholder							
		Pension group no.	Designation of pension group		Section no.	Designation of section			
<b>1</b>	Personal identity number or date of birth day month year - xxxx	Sex m or f	Surname and given names of employee			The employment started Day month year	The employment terminated Day month year	Earnings year 20 ____	Earnings year 20 ____
	Cause for the payless period of absence from work	Start of absence, dd mm yy	End of absence, dd mm yy			Additional information			
<b>2</b>									
	Cause for the payless period of absence from work	Start of absence, dd mm yy	End of absence, dd mm yy			Additional information			
<b>3</b>									
	Cause for the payless period of absence from work	Start of absence, dd mm yy	End of absence, dd mm yy			Additional information			
<b>4</b>									
	Cause for the payless period of absence from work	Start of absence, dd mm yy	End of absence, dd mm yy			Additional information			
<b>5</b>									
	Cause for the payless period of absence from work	Start of absence, dd mm yy	End of absence, dd mm yy			Additional information			
<b>6</b>									
	Cause for the payless period of absence from work	Start of absence, dd mm yy	End of absence, dd mm yy			Additional information			
<p>We do not automatically adjust your provisional premium on the basis of a notification of the start or termination of an employment contract. If your annual payroll will change considerably, we will adjust your premiums after receiving a new payroll estimation either in writing, by phone 010 284 3714 or by e-mail to the address <a href="mailto:vakuutuspalvelu@ilmarinen.fi">vakuutuspalvelu@ilmarinen.fi</a>. The payroll forming the basis for determining the advance contribution is indicated on the invoice.</p>									
The insurance is discontinued since		<input type="checkbox"/> no employees exist to be insured under TyEL <input type="checkbox"/> Company operations have ceased <input type="checkbox"/> the company has been sold and the employees transfer to the new owner's employ			Name of new company owner and business ID			Number of policy under which the transferred employees are registered	
Date and signature				Phone no. and name of contact person (block letters please)					

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## **DIRECTIONS FOR COMPLETING THE FORM**

Additional information on the application of the Employees' Pensions Act (TyEL) can be obtained for example from Ilmarinen's publication "Employer and TyEL Insurance", and from internet under the address [www.ilmarinen.fi](http://www.ilmarinen.fi).

### **Policy no.**

The number (46-nnnnnn) is given in the insurance policy.

### **Name of policyholder**

The name shall be recorded as per the Trade Register or the Register of Associations. In case of natural persons, please give both the surname and the given names.

### **Number and designation of the pension group**

Please state the number and name of the pension group to which the employees mentioned in the notification belong. This information is necessary, if the persons covered by the insurance have been divided into pension groups for the purpose of insuring supplementary benefits.

### **Number and designation of the section**

Please write down the number and name of the section to which the employees mentioned in the notification belong. This information is needed, if the insurance has been divided into various sections, for example, by the locality or profit unit. Division into sections must be agreed upon with Ilmarinen separately.

### **Personal identity number or date of birth and sex**

The personal identity number shall always be given. If the person has no identity number please give the date of birth and the sex of the employee (m=male, f=female).

### **Surname and given names of employee**

The surname and the given names of the employee shall be entered as registered in the Population Register. Possible changes in an employee's personal data need not be notified, as Ilmarinen gets the information directly from the Population Register.

### **The employment started, day-month-year**

Please always give the starting date of the employment relationship. The date to be indicated here is the day on which the employment under TyEL began or the day from which on the employee has been covered by this insurance. If the employment does not fall under TyEL from the very beginning, the date to be indicated here is the one on which the employee became covered by this law.

### **The employment terminated, day-month-year**

An employment relationship is considered terminated on the last day for which wages were paid before the discontinuation of the employment or on the day after which an employment contract no longer qualifies for coverage by TyEL, e.g. because work has been interrupted due to a long unpaid period of absence.

### **Earnings during the year**

The TyEL wage or salary is the sum of the monetary pay and fringe benefits including holiday compensation. Special provisions apply to employees working on a service charge basis or abroad.

### **Payless periods of absence**

#### ***Employments which started before the year 2005 and belong under the protective regulation of TEL***

Please indicate here the periods of absence without pay. National service and unpaid time off for nursing an infant (maternity leave, parental leave, care leave) shall always be indicated. Start and termination of lay-off, sick-leave, study leave, switch leave or absence leave shall be indicated if the earnings remain at a particularly low level due to absence.

#### ***Employment contracts begun 1.1.2005 or later***

It is not necessary to inform payless periods for employments which have begun 1.1.2005 or later.

### **Transfer of an employment contract under another insurance**

If an employee changes over to the employ of the parent company, a subsidiary or an affiliated company, or continues to work in the same company after the change in the ownership without any interruption, or if the employer company merges with another company, the contract of employment is considered to have terminated on the day of transfer. The earnings for the year of transfer are recorded until the day of transfer.

The TyEL-employment will not be terminated as the employee will be insured in the new owner's insurance as from the next day.

### **Discontinuation of the insurance**

This box is filled in if all the employment contracts have terminated and no new employees will be hired in the near future. If the insurance is discontinued due to change in the ownership of the company, the name of the new owner, business ID and the number of the insurance policy shall be given here. Please also inform if the employees are transferred to the employ of the new owner.

### **Date and signature**

Signature by the employer or a person authorized by him.

### **Phone number and name of the contact person**

The name and telephone number of the person to be contacted for information about employment contracts and salaries.