

**Directions for completing the form on page 2**

	The change concerns		
<b>Policy-holder</b>	<input type="checkbox"/> the policyholder's name	<input type="checkbox"/> address	<input type="checkbox"/> informing salaries, invoicing method and/or address
	<input type="checkbox"/> discontinuation of insurance		<input type="checkbox"/> other
	<b>TO BE COMPLETED IN ALL CASES</b>		
	Official name of the company		Policy no
	Business name used by the company, if other than the official name		Business ID
	Policyholder's surname and given names, if the policyholder is a natural person		Personal identity code
	Street address	Postcode	Post office
	Telephone number	The change of address also concerns	The personal ID of the self-empl. person
		<input type="checkbox"/> another TyEL insurance, insurance no. 46-	<input type="checkbox"/> YEL insurance
<b>Invoicing method or address</b>	<b>TO BE COMPLETED IF INVOICING ADDRESS IS CHANGED</b>		
	Invoicing address for contributions, if other than the policyholder's address or data for electronic invoicing		
<b>Business form and ownership</b>	<b>TO BE COMPLETED IF BUSINESS FORM OR OWNERSHIP IS ALTERED</b>		
	Change effective from	New business form	
		<input type="checkbox"/> Partnership <input type="checkbox"/> Limited partnership <input type="checkbox"/> Limited company	
	Names and personal identity codes or business ID of partners or shareholders	Position (e.g. acting or silent partner of a limited partnership) or post (e.g. managing director)	Ownership interest (%) in limited company alone/jointly with family members in the same household Shares alone/jointly
			Voting powers alone/jointly
			Has the owner signed YEL insurance?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>The method of informing salaries</b>	<b>TO BE COMPLETED IF THE METHOD OF INFORMING SALARIES, THE METHOD OF PAYMENT, MATURITY MONTHS OR BASIS OF INCOME ARE ALTERED</b>		
	The method of informing salaries is chosen for a calendar year. A change for the following year must be done before 30.11.		
	<input type="checkbox"/> We will inform the employees' salaries electronically monthly		<input type="checkbox"/> We will inform the employees' salaries with an annual notification once a year
<b>Provisional premiums</b>	<input type="checkbox"/> We will pay the premiums on own initiative on the basis of the salaries paid the previous month		
	<input type="checkbox"/> We will pay the provisional premiums based on an estimated payroll debited by Ilmarinen		Maturity months
	<input type="checkbox"/> 1 instalment	<input type="checkbox"/> 2 instalments	<input type="checkbox"/> 3 instalments
	<input type="checkbox"/> 4 instalments	<input type="checkbox"/> 6 instalments	<input type="checkbox"/> 12 instalments
	Number of employees	Total earnings of the employees to be insured in this insurance for the year in question	
		Year 20 _____ euros	
<b>Information of the user</b>	<b>TO BE COMPLETED IN CASE OF ORDERING NETSERVICE CODES (The service is only available in Finnish and Swedish)</b>		
	The name of the user		Personal identity code or business ID if the user is a bookkeeping office
	Telephone number	E-mail address	
<b>Discontinuation of insurance</b>	<b>TO BE COMPLETED IF INSURANCE IS DISCONTINUED (A separate notification is needed to discontinue the employment contracts)</b>		
	Insurance is discontinued, since		
	<input type="checkbox"/> no employees exist to be insured under TyEL	<input type="checkbox"/> business operations ceased	<input type="checkbox"/> the employees change over to the new owner's or company's employ
			Date of termination of the last TyEL employment covered by this policy
	New owner of the business		
<b>Additional information</b>	<b>TO BE COMPLETED IF ADDITIONAL INFORMATION IS GIVEN ON THE ITEMS ABOVE</b>		
	Additional information on e.g. the Group which the company belongs to, on the holder and number of account into which possible refund due to discontinuation of the insurance should be paid		
<b>Signature</b>	<b>TO BE COMPLETED IN ALL CASES</b>		
	Date and policyholder's signature		
	Name and phone no. of person to be contacted for further information		

## **DIRECTIONS FOR COMPLETING THE FORM**

### **Invoicing method or address**

If you want your invoices to be sent to an address different to your other mail, please inform us of the invoicing address. If you want to pay your invoices by using an e-invoice, please send your invoicing data. If you want to use direct invoicing or direct debiting, please contact your bank.

### **Business form or ownership**

If the form or ownership of your business is altered, please indicate the date of alteration, the new business form and the new owners. If the business ID has changed a new company will be formed and a new TyEL insurance has to be taken out for the company.

Under the item "Additional information" you can supplement the information you have submitted. For example:

- Notify whether your business is entered in the Trade Register as a new firm or whether you file a notification of alteration
- Declare the family relationships of shareholders in a limited company.

If, in the event of a change in ownership or business form, employees are transferred from one pension law to another you are also requested to fill in a TyEL employment notification form, an application for YEL insurance or a form for notice of alteration in YEL insurance.

The Self-Employed Person's Pensions Act (YEL) is applied to, for example:

- Partners in a partnership and acting partners in a limited partnership
- A person in a managerial position in a limited company, if he/she alone or jointly with family members living in the same household owns more than half of the share capital or the share provides more than 50% voting power in the company.

### **Notification of salaries**

You can inform the employees' salaries monthly on the 20th day of the month following wage payment, in which case a separate annual notification is not needed. The way of notifying salaries monthly can be used in all insurances in which all continuing employments began after 1.1.2005. You can send the monthly salary notifications electronically by using Ilmarinen's Insurance Service, as a line transfer or by using the Palkka.fi service. Ilmarinen's Insurance Service as well as the Palkka.fi service is only available in Finnish and Swedish.

Alternatively you can notify the beginnings and endings of employments quarterly and fill in an annual notification by the end of January the following year.

### **Provisional premiums**

You can calculate and pay the provisional premiums monthly on the basis of salaries paid during the previous month.

Alternatively the provisional premiums based on an estimated payroll can be debited by Ilmarinen on the agreed calendar months. The provisional premiums fall due quarterly on the 20<sup>th</sup> day of the agreed calendar month. You can also pay in 1-6 or 12 instalments. If the estimated payroll used for calculating the provisional premiums has changed or essentially differs from your own estimation, please inform us of a new annual payroll estimation.

### **Internet service**

You can easily take care of all pension insurance matters with Ilmarinen's free-of-charge Internet service. You will need a username and a password in order to use our Internet service. Please inform us of the user's data. If several persons will use the service, please inform their data under the item "Additional information". We provide the service in Finnish and Swedish.

If the person entitled to use the service changes or is not anymore entitled to use it, please inform the change immediately to Ilmarinen.

### **Discontinuation**

If there are no longer any employees in your service, please inform the date of termination and reason as well as the employees' salaries for the discontinuation of the insurance.

If you have sold your business operations or the holder of the business has changed for some other reason, and if the employees remain in the employ of the new owner or new company, please also give the name of the new owner/company.

Possible refunds of contributions will be used to credit the policyholder's other insurances or loans with Ilmarinen. For payment of possible refunds into a bank account please give your account number under the item "Additional information".

### **Signature**

The insurance application should be signed by a person with signatory powers.