

Instructions overleaf.
Policyholder

Official name of the company (As in the Trade Register for a company, and Register of Associations for an association)		Business ID
Business name used by the company, if other than the official name		
Policyholder's surname and given names, if the policyholder is a natural person		Personal identity code
Mailing address	Postcode	Post office
Street address if other than the mailing address	Postcode	Post office
Queries will be answered by		Telephone number

Invoicing method or address

Invoicing address if other than the policyholder's address
Electronic invoicing address, operator and EDI-code, if you want to pay electronically

Company information

Line of business of the company	Domicile of the company	Language of correspondence	
Previous owner of the company and/or former company name		<input type="checkbox"/> Concerns change of company form	
TyEL insurance institution of the previous owner and/or company		<input type="checkbox"/> Employees transfer from previous insurance policy	
Names and personal identity codes or Business ID's of responsible partners or shareholders	Position (e.g. acting or silent partner of a limited partnership) or post (e.g. Managing Director)	Ownership (%) in limited company alone/jointly with family members	
		Shares alone/jointly	Voting powers alone/jointly
		/	/
		/	/
		/	/
		/	/

A person in a leading position in a limited company is covered by TyEL, if he/she either alone or together with the family members in the same household holds at the most 50 % of the share capital and if the number of votes for the shares held by him/her alone or together with the family members in the same household equals at the most half of the total number of votes for all the shares. Partners in an ordinary partnership and acting partners in a limited partnership fall under the Self-Employed Person's Pensions Act YEL. A silent partner in a limited partnership is covered by TyEL.

Notifications and payment information

<input type="checkbox"/> The employer informs the employees' salaries electronically every month and pays the advance contributions based on these salaries on own initiative every month	<input type="checkbox"/> The employer informs the employees' salaries by using an annual notification
Advance contributions debited by Ilmarinen will be paid in	Desired 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	

Salary information

The first month and year of wage payment for the employees to be insured in this insurance	The employees' total average salaries per month	Number of employees
	EUR	
<input type="checkbox"/> Business is done part-year	Working months per year months	Will all employees be insured in this insurance?
	months	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which group of employees does this insurance concern (name of the employees covered by the policy)		

Internet service

<input type="checkbox"/> The company wishes to receive a username and a password in order to use Ilmarinen's Internet service. The terms for using the service will be approved in connection with taking the service into use. The terms can be viewed under the address www.ilmarinen.fi . Fill also in information of the user in the next box.
Name and personal identity code/business ID if a bookkeeping office

Additional information

Signature
Date and policyholder's signature, and name in block letters

Sales contact information

Agent's company	Basic client code in agent's company	Application received
Agent's name	Personal identity code	Telephone
Name of person or organization dealing with the client (if other than the agent)	Personal identity code	Telephone

Company with which the client's statutory worker's compensation insurance was taken out

ADDITIONAL INFORMATION AND INSTRUCTIONS

Policyholder Under the item “Queries will be answered by”, please write the name and telephone number(s) of the person to be contacted for additional information if needed.

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 information. If you want to use direct invoicing or direct debiting, please contact your bank.

Information of the company

Please give information of the main line of business of the company.

Transfer of business operations or change of the company form may affect the calculation of the employee’s pension accrual. Therefore we will also need information of the former ownership and changes in the company.

Inform persons acting as shareholders and partners in the company, as well as their positions or posts.

Notifications and payment information

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. 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 are only available in Finnish and Swedish. The way of notifying salaries monthly can be used in all insurances in which all continuing employments began after 1.1.2005.

You can calculate and pay the provisional premium monthly on the basis of salaries paid during the previous month. The exact TyEL insurance contribution will be calculated when we have received information of all monthly salaries. This way of informing and paying is suitable for employers who have employees only part-year.

Alternatively you can notify the beginning and ending dates of employments quarterly and fill in an annual notification by the end of January the following year. The provisional contributions debited by Ilmarinen are based on an estimated payroll, and they will fall due quarterly on the 20th day of the agreed calendar month. You can also pay in 1-6 or 12 instalments.

Internet service

We provide e-services for the handling of statutory earnings-related pension insurance. With Ilmarinen’s free-of-charge Insurance Service you can

- make employment and salary notifications
- change the payroll estimation for the provisional contribution
- pay provisional contributions and make payment agreements
- print out a certificate as a confirmation of the paid TyEL contributions
- make the annual TyEL notification, or send it from the payroll management system
- request an annual calculation, advance annual calculation and view the annual calculations for previous years
- inform name and address changes.

We provide the service in Finnish and Swedish.

If you wish we can send you a username and a password to our Insurance Service. Please inform the users name and personal identity code in the application. If many persons want to use the service, please inform their data under the item “Additional information” or on a separate sheet.

The suppliers of Tyvi-services used by Ilmarinen can be found on our web pages www.ilmarinen.fi

Signature

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