

Block letters please
Transfer and cancellation

Pension institution from which the insurance is cancelled	The insurance expires			
	<input type="checkbox"/> 31.3.	<input type="checkbox"/> 30.6.	<input type="checkbox"/> 30.9	<input type="checkbox"/> 31.12.

The insurance will be transferred from the day following the day of expiry to Ilmarinen

Policyholder

The transfer concerns <input type="checkbox"/> TyEL insurance	Insurance number	The transfer concerns <input type="checkbox"/> TEL supplementary pension insurance	Insurance number
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		
Line of business of the company	Domicile of the company		

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

Ownership

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		Do the partners or shareholders have YEL insurance?
		Shares alone/jointly	Voting powers alone/jointly	
		/	/	<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

Notifications and payment information

<input type="checkbox"/> The employer informs the employees' salaries every month	<input type="checkbox"/> The employer informs the employees' salaries by using an annual notification
The advance contributions will be paid monthly on own initiative based on the salaries for the previous month.	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	
The advance contributions will be paid	
<input type="checkbox"/> monthly on own initiative based on the salaries for the previous month	

Internet service

The employees' total average salaries per month euro	Number of employees	<input type="checkbox"/> Business is done part-year	Working months per year months
<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.			
<input type="checkbox"/> The service is provided only in Finnish and Swedish.			
Name and personal identity code/business ID if a bookkeeping office			

Additional information

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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 FOR COMPLETING THE FORM

- 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.
- Ownership** Inform persons acting as shareholders and partners in the company, as well as their positions or posts.
- Notifications**
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 inform the monthly salaries electronically by using Ilmarinen’s Insurance service, Tyvi –services or Palkka.fi –service.

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 premium monthly on the basis of salaries paid during the previous month.

Alternatively Ilmarinen can send an invoice on agreed due dates based on an estimated salary. The provisional premiums 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 handling of the statutory earnings-related pension insurance.

With Ilmarinen’s free-of-charge Insurance service you can
- Make employment notifications
 - Change the payroll estimation for the provisional contribution
 - Pay provisional contributions and make payment agreements
 - Print out a certificate which confirms that the TyEL contributions have been paid
 - Make or send the annual TyEL notification 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. 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 application for transfer of TyEL insurance should be signed by a person with signatory powers.