



You can also complete this notification online at [www.kela.fi/asiointi-tyonantajat](http://www.kela.fi/asiointi-tyonantajat) (in Finnish) or [www.fpa.fi/etjanst-arbetsgivare](http://www.fpa.fi/etjanst-arbetsgivare) (in Swedish)

More information is available at [www.kela.fi/tyonantajat](http://www.kela.fi/tyonantajat) (in Finnish) or [www.fpa.fi/arbetsgivare](http://www.fpa.fi/arbetsgivare) (in Swedish)



Please make sure to complete the form carefully. We may request further information as needed.

Send the report to the address:  
Kela, PL 26, 00056 KELA



If you have questions, please call our customer service number ([www.kela.fi/tyonantajat-asiakaspalvelu](http://www.kela.fi/tyonantajat-asiakaspalvelu) (in Finnish) or [www.fpa.fi/arbetsgivare-kundservice](http://www.fpa.fi/arbetsgivare-kundservice) (in Swedish))

### 1. The report concerns

This report constitutes the **employer's application** if the pay details for the allowance period are reported in section 5.

- |  |  |
|--|--|
| <input type="checkbox"/> Sickness allowance  | <input type="checkbox"/> Rehabilitation allowance or partial rehabilitation allowance          |
| <input type="checkbox"/> Partial sickness allowance                                | <input type="checkbox"/> Special care allowance  |
| <input type="checkbox"/> Pregnancy, maternity, paternity or parental allowance     | <input type="checkbox"/> Sickness allowance on account of an infectious disease                |
| <input type="checkbox"/> Special pregnancy allowance / Special maternity allowance | <input type="checkbox"/> Sickness allowance on account of human cell, tissue or organ donation |

### 2. Employee

Personal identity code

Family name and given name

### 3. Employment relationship

Occupation

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Duration: \_\_\_\_\_ - \_\_\_\_\_

### 4. Absence from work

For what period/since when has the employee been absent from work?

Period of absence: \_\_\_\_\_ - \_\_\_\_\_

Is the employee paid a wage or salary while absent from work?

Yes  No

**Partial sickness allowance:** Is the employee paid a full-time wage or salary while he or she receives partial sickness allowance?

Yes  No

**Partial rehabilitation allowance:** Report the days on which the employee has participated in rehabilitation on account of which daily working hours have been reduced by at least 40%.

## 5. Pay

Please report the wage or salary for which the employer is entitled to receive the benefit under a collective agreement, contract of employment or other agreement. Only report the gross wage or salary that has been paid, without the indirect wage costs covered by the employer. Do not report other wages or salaries, such as holiday pay.

Pay while in receipt of the partial sickness allowance should be reported only if it corresponds to full-time wages.

If daily working hours have been reduced because of rehabilitation, report the wage or salary only for the hours away from work.

Full and fractional (e.g. 2/3) amounts of pay must be reported on separate lines.

Pay

for the period: \_\_\_\_\_ – \_\_\_\_\_ EUR \_\_\_\_\_

for the period: \_\_\_\_\_ – \_\_\_\_\_ EUR \_\_\_\_\_

for the period: \_\_\_\_\_ – \_\_\_\_\_ EUR \_\_\_\_\_

for the period: \_\_\_\_\_ – \_\_\_\_\_ EUR \_\_\_\_\_

Continued under 'Additional information' or on a separate sheet

Will pay details about this period of absence be reported at a later time?

No, because wage/salary payments for the period of absence have ended.

Yes, because wage/salary payments for the period of absence continue.

From \_\_\_\_\_ pay details will be reported later or in a separate report.

Basis of pay

Monthly salary

Other pay


## 6. Sickness allowance on account of an infectious disease

Please state the amount of pay that the employee would have received, had he or she been working normally without suffering from an infectious disease. If the employee is working part-time, state the amount of lost pay.

**Loss of earnings** for the period \_\_\_\_\_ – \_\_\_\_\_ EUR \_\_\_\_\_

If the employee is not completely absent from work, what work arrangements have been agreed upon?

## 7. Additional information

 Write the number of the section you are referring to.

## 8. Information about the employer

- i** State the personal identity code instead of the business ID if the employer is a private individual. If the employer is foreign and does not have a business ID, the code in the European Business Register or other foreign corresponding code and the country where the code is registered should be reported instead of the business ID.

Business ID

Country where the foreign employer is registered

Name of the employer

## 9. Reference number or specification for payment

- i** A reference number or some other identifying information can be provided if details about pay are reported in section 5. It will be transferred to the account statement in connection with the benefit payment.

Reference number

Other identifying information

- i** To report bank account details, either access the e-service for employers at [www.kela.fi/tyonantajat](http://www.kela.fi/tyonantajat) (in Finnish) or [www.fpa.fi/arbetsgivare](http://www.fpa.fi/arbetsgivare) (in Swedish) or use the form Y 122e. This information need only be reported once or whenever it changes.

## 10. Mailing address for the decision

If details about pay are reported in section 5, Kela sends a decision to the employer or the employer's authorised agent.

Name of the recipient of the decision

Person or department to which the decision is addressed

Street address

Postal code

Postal district

## 11. Contact person for additional information

Name

Telephone

E-mail

## 12. Signature

This report must be signed by the employer or the employer's authorised agent.

Place and date

Signature