



You can also file this form online at www.kela.fi/asiointi-tyonantajat or www.fpa.fi/arbetsgivare (Finnish/Swedish only). This will speed up the processing of the case.

More information at www.kela.fi/tyonantajat or www.fpa.fi/arbetsgivare (Finnish/Swedish only)



For further questions, call our customer service number www.kela.fi/yhteystiedot-tyonantajat or www.fpa.fi/kontakta-oss-arbetsgivare (Finnish/Swedish only)



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

You can send the form by post www.kela.fi/postiosoitteet-tyonantajat or www.fpa.fi/postadresser-arbetsgivare (Finnish/Swedish only)



The account number reported on this form is used when paying the following benefits from Kela:

- sickness allowance and partial sickness allowance
- sickness allowance on account of human cell, tissue or organ donation, sickness allowance in respect of infectious disease
- rehabilitation allowance
- maternity, paternity and parental allowances and special maternity allowances
- compensation for annual leave costs and compensation for family leave costs

The account number need only be reported once or when the information changes.

The account number can also be reported via the online service for employers.

1. Employer



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

Name of the reporting person

Telephone

E-mail

2. Account number

International bank account number (IBAN)



If you report a Finnish account number you need not indicate the BIC code.

BIC code

3. Signature



This notification must be signed by the employer or the company's designated agent authorised to sign on behalf of the company.

Place and date

Signature and printed name

Contact information for the person who has signed the form

Telephone

E-mail