Kela[©]

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Please make sure to complete the form carefully. We may request further information as needed. Send the form by mail. The address is Kela, PL 26, 00056 KELA.

- (i) The bank account number reported on this form is used when paying the following benefits from Kela:
 - sickness allowance and partial sickness allowance

You can also file this form online at

www.fpa.fi/arbetsgivare (in Swedish)

www.kela.fi/asiointi-tyonantajat (in Finnish) or

www.fpa.fi/etjanst-arbetsgivare (in Swedish).

This will speed up the processing of the case.

More information at www.kela.fi/tyonantajat (in Finnish) or

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

- sickness allowance on account of human cell, tissue or organ donation, sickness allowance in respect of infectious disease
- rehabilitation allowance

(in Swedish))

- special pregnancy, pregnancy and parental allowance
- compensation for annual leave costs and compensation for family leave costs.
- The bank account number need only be reported once or when the information changes.

The bank account number can also be reported via the e-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 persor	1	
Telephone	E-mail	

2. Bank account number

International bank account number (IBAN)

(i) If you report a Finnish bank account number you need not indicate the BIC code.

BIC code

3. Signature

(i) 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 formTelephoneE-mail