

① 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).

<b>1 The report concerns</b>	This report constitutes the <b>employer's application</b> 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"/> Maternity, paternity or parental allowance	<input type="checkbox"/> Sickness allowance on account of an infectious disease
	<input type="checkbox"/> Special maternity allowance	<input type="checkbox"/> Sickness allowance on account of human cell, tissue or organ donation
<b>2 Employee</b>	Personal identity code <input type="text"/>	Family name and given name <input type="text"/>
<b>3 Employment relationship</b>	Occupation <input type="text"/>	
	Duration: _____ - _____	
<b>4 Absence from work</b>	For what period/since when has the employee been absent from work? <b>Period of absence:</b> _____ - _____	
	Is the employee paid a wage or salary while absent from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Partial sickness allowance:</b> Is the employee paid a full-time wage or salary while he or she receives partial sickness allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Partial rehabilitation allowance:</b> 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%.	
<b>5 Pay</b>	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. 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 _____
	<input type="checkbox"/> Continued under 'Additional information' or on a separate sheet	
	Will pay details about this period of absence be reported at a later time?	
	<input type="checkbox"/> No, because wage/salary payments for the period of absence have ended.	<input type="checkbox"/> 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	
	<input type="checkbox"/> Monthly salary	<input type="checkbox"/> Other pay

**6**  
**Reported  
income  
from work**

**i** Detailed instructions on the reporting of wages and salaries are available on Kela's website ([www.kela.fi/tyonantajat](http://www.kela.fi/tyonantajat) (in Finnish) or [www.fpa.fi/arbetsgivare](http://www.fpa.fi/arbetsgivare) (in Swedish)).

The pay for 6 months should be reported only if the allowance is applied for on the basis of a higher income than that confirmed in the taxation. Data should not be reported in the case of sickness allowance on account of an infectious disease.

**Pay** for the period \_\_\_\_\_ - \_\_\_\_\_ EUR \_\_\_\_\_

In addition to the above, please also report any annual holiday bonus, holiday compensation or other annual payments equivalent to pay, for example performance-related bonuses, which have accrued during a period of up to one year. Holiday bonus or other payments may also have been paid out before the 6-month period being reported. Holiday compensation that has accrued during a period of up to one year must have been paid out during the 6-month period being reported. If holiday bonus, holiday compensation or other payments equivalent to pay are paid regularly as part of pay, they need not be reported separately.

**Holiday bonus** EUR \_\_\_\_\_ **Holiday compensation** EUR \_\_\_\_\_

**Other payment**, please specify: \_\_\_\_\_ EUR \_\_\_\_\_

If the employee has, within a period of 6 months, worked abroad and a salary for insurance purposes has been agreed with the employee, please report the agreed salary.

**Salary for insurance purposes** for the period: \_\_\_\_\_ - \_\_\_\_\_ EUR \_\_\_\_\_ per month

Union dues levied during a specified six-month period \_\_\_\_\_ % or \_\_\_\_\_ EUR \_\_\_\_\_ per month

**7**  
**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?

**8**  
**Additional  
information**

**9**  
**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 \_\_\_\_\_

**10**  
**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.

**11**  
**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 \_\_\_\_\_

**12**  
**Contact person  
for additional  
information**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**13**  
**Signature**

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

Place and date \_\_\_\_\_

Signature \_\_\_\_\_