



You can also complete this form 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/residence](http://www.kela.fi/residence)



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

Please send the form to:

Social Insurance Institution  
Centre for International Affairs  
PO Box 78  
FI-00381 Helsinki  
FINLAND



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

**i** This form is to be completed by an employer who is sending an employee on an international assignment.

**i** If the country of destination for the assignment is an EU/EEA member country, Switzerland, or a country that has a social security agreement with Finland, the employer should apply to the Finnish Centre for Pensions for coverage under the Finnish social security system (visit [www.etk.fi](http://www.etk.fi) for further information).

### 1. Employee

Personal identity code

Family name and given name

### 2. Work assignment

Country of destination: \_\_\_\_\_

Period of work: \_\_\_\_\_

Is the employee insured under the Finnish earnings-related pension scheme while on the assignment?

Yes. Name of the authorised pension provider \_\_\_\_\_

No

### 3. Employer

Contact information in Finland:

Name of the employer \_\_\_\_\_

Business ID (Y-tunnus) \_\_\_\_\_

Telephone number \_\_\_\_\_

Street address \_\_\_\_\_

Postal code \_\_\_\_\_

Postal district \_\_\_\_\_

Contact information outside Finland:

Name of the employer \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

The employer is

the posting employer

a Finnish company that has hired the employee abroad


The foreign employer is the posting employer's

parent company, subsidiary or associate

some other company. Affiliation with the posting employer:

#### 4. Contact person

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 Please provide the contact details of a person who is available to provide information about the assignment.

Family name and given name

Telephone

E-mail

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#### 5. Authorised agent

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Business ID (Y-tunnus)

Name of company

Mailing address

Name and telephone number of a person representing the authorised agent

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#### 6. Additional information

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#### 7. Signature

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

**I declare that the information I have given above is true and accurate.**

Date

Signature