



You can also file the application and related documentation online: www.kela.fi/english.



Send the application and any supporting documents by mail. The address is

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

- i** This form is used by the employer to file a notification that an employee will be working abroad.
- 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 for further information).

1. Employee

Personal identity code

Family name and given name

2. Work assignment

Country of destination: _____

Period of work: _____ – _____

Basis for the employment:

- ☐ Posted worker
- ☐ Development aid work
- ☐ The employee is hired locally

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 _____

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

 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


5. Authorised agent

Business ID (Y-tunnus) Name of company


Mailing address

Name and telephone number of a person representing the authorised agent

6. Additional information

 Write the number of the section you are referring to.

7. Signature

 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.

Place and date

Signature

