

APPLICATION FOR MEMBERSHIP

INSURANCE FUND ENERKEMI

The purpose of the Fund is to grant both benefits in accordance with the Finnish Sickness Insurance Act and certain additional benefits according to the rules of the Fund. The membership is voluntary and the application shall be submitted within 6 months from the start of the employee's employment.

The Board of the Insurance Fund approves a membership. The membership will begin from the beginning of the next calendar month when the Board of the Insurance Fund has approved your membership.

When joining the Fund I will authorize the Fund to take care of my membership fees and they can make deductibles from my salary. With my signature I agree also that the Fund can give my information to occupational health services and record it in to employer's personnel register.

Surname	First names
Personal identity code	Bank account number

Home address
Postal district
Telephone number
Email address

Employer	
Beginning of employment	End date of fixed-term employment

☐ I have read the rules of the fund. The rules can change. The member has a responsibility to follow the updates on the rules. Information on the changes can be found on our website www.enerkemi.fi.

Date	Signature
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Please, return the form to enerkemi@fortum.com