

MEMBERSHIP APPLICATION

This application can be used when joining to The WaasaWärtsilä sickness fund. The Sickness Fund grants compensation for medical costs. The WaasaWärtsilä Sickness Fund is a workplace fund that handles Kela-benefits in accordance with the Sickness Insurance Act. In addition to the KELA reimbursement, the sickness fund pays also additional benefits.

The membership of this Fund is optional and must be applied for within six (6) months of the beginning of employment.

The board of the Fund approves the memberships and the membership comes into effect from the beginning of the calendar month following the board's decision.

I want to join WaasaWärtsilä Sickness Fund and agree to observe the rules of this Fund:

Last name:	First names:
Sosial security number:	Account number:

Street address:	
Postal code and city:	
Telephone number:	
e-mail:	
Employer:	Employment started:

Date:	Signature:
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- I have been informed about the use of my personal data, as prescribed by the General Data Protection Regulation.
- I give my consent to the disclosure of my data to the following: Kela, my employer, the service providers.

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