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:	Bank account number:

Street address:	
Postal code and city:	
Telephone number:	
e-mail:	
Employer:	Employment started: □ Blue Collar □ White Collar

Date:	Signature:

☐ I have received information on the use of personal data in accordance with the Data Protection Regulation.

☐ I consent to the disclosure of my information to Kela, employer and service providers.

☐ I want to implement the Iris e-service http://waasawartsilan-sairauskassa.net/en/index-english/

WaasaWärtsilän sairauskassa,
Teollisuuskatu 1, 65170 Vaasa
p. 050 379 8203
waasawartsilan.sairauskassa@kela.fi