APPLICATION FOR JOINING THE OTANMÄKI HEALTH INSURANCE FUND

The fund's insurance relationship is voluntary, and it must be applied for after six (6) within the beginning of employment at Skoda Transtech Oy. The insurance relationship begins at beginning of the calender month following the receipt of the application (if the insurance conditios are met). Complete all points:			
		Last name	First names
		Personal identification number	Bank account number IBAN
		(model 010191-123X)	(model Fl22 1234 5678 9100 12)
Local address			
Postalcode and post office			
telephone number	email address		
my employment is full-time my employment is part-time (also state working hours) (a copy of the employment contract attached to the application;)			
I have never previously left Otanmäki's health insurance fund without ending the empoyment relationship (after 31.12.2022).			
I undertake to inform the health insurance fund of what happens in the above-mentioned information changes, periods of unpaid absence and the date of termination of the empoyment relationship.			
By joining the health insurance fund, I agree that my data will be stored in the registers f the health insurance fund, my personal data* is processed to manage the insurance relationship and information the employer is notified of the start of insurance premium collection.			
I certify that the information I have given is correct:			
Date	Signature		
The health insurance fund's rules may change, char Following the rules is the customer's own responsib	nges will be announced on the insurance fund's website. bility.		
*)For collecting, processing and protecting personal data can be seen on the			
sickness fund's wehsite www.otanmaensairauskassa fi/tietosuoia			

Return the form to the Otanmäki health insurance fund(Kokkolantie 1791, Otanmäki)