

JOIN NOTIFICATION

I join the Sickness Insurance Fund and my account is entitled to withhold the current membership fee.

PERSONAL INFORMATION

Surname _____

First names _____

Personal identification number _____

Street address _____

Postal code and city _____

Phone number _____

E-mail _____

Account number _____

Employer _____

Employee Permanent The first day: _____

Time-limited Duration: _____

Join Date _____

By signing the membership form, I consent to my information being stored in the fund's additional benefit system and authorize the sickness fund to handle matters related to reimbursement for medical care.

By my signature, I also consent to the payroll department being able to disclose matters related to my membership to the sickness fund.

Date _____

Handwritten signature _____

The form is returned to payroll or the sickness fund.

When the membership starts, a member card for the sickness fund is ordered to member's home address.