

RAUTEN SAIRAUSKASSA

c/o Karhulan sairauskassa
PL 18, 48601 Kotka
040 636 1155
sairauskassa@raute.com

MEMBERSHIP IN THE SICKNESS FUND

With this announcement I become the member of the Raute's sickness fund.
I have read the rules and instructions of the sickness fund. At the same time I give my consent that from my salary 1,80% may be inherited membership fee of the sickness fund.

1. ____ . 20__ since

According to the rules of the sickness fund the member must be become within three months from the beginning of the employment of from the coming into force of the amendment to the rule. The membership will always begin 1st day of the month.

Personal data:

Sur- and first name _____

Home address _____

Identity number _____

@ -mail _____

Phone number _____

Bank account number _____

Place to work _____
(for example: Raute, official)

Date of the employment _____

Date and signature _____ / ____ 20__

signature