

RAUTEN SAIRAUSKASSA

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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 1,75% 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 or 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 _____

Identity number _____

@ -mail _____

Bank account n:o _____

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

Date and signature

_____ / _____ 20__

signature