



The form should be filled out and returned only after the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities has issued a decision that the pharmaceutical injury has caused the disability for work.

Processing ID

Arrival date

EMPLOYEE

Surname and forenames

Identity number

EMPLOYMENT OR CIVIL SERVICE CONTRACT

Occupation or duty

Employment or civil service contract: starting date

and possible ending date

/ /

/ /

Employment or civil service contract made for the time being

Temporary employment or civil service contract intended to end on (date) / /

SALARY, BENEFITS IN KIND, HOLIDAY BONUS, AND PAYROLL TAX

Amount of salary paid for the duration of one year before disability for work (without holiday bonus or any other single payment)

Between / / and / /

Total: euros

Unpaid absences and salary increases during this period

Determination principle and amount of salary

Monthly salary euros/month

Hourly wage euros/hour

Other basis – specify: euros

Nature of benefits in kind

Share added to the salary, in euros/month

Holiday entitlement

Holiday bonus per year

Last holiday bonus paid

Date of payment

days/month

euros

euros

/ /

Holiday bonus not accumulated or paid

Payroll tax percentage in current year

from / /

Basic percentage % to the limit of €

, after which an extra percentage of %

SALARY DURING PERIOD OF DISABILITY FOR WORK CAUSED BY PHARMACEUTICAL INJURY

Period of disability for work due to pharmaceutical injury

/ / - / /

a) The employer will pay or has paid the sick pay in full (without holiday pay or bonus)

/ / - / /

Total: euros

b) The employer will pay or has paid some of the sick pay / What is the principle for determination of partial wages?

/ / - / /

Total: euros

Amount of unpaid salary during this period

Total: euros

c) Entirely unpaid salary or loss of salary

/ / - / /

Total: euros

EMPLOYER'S INFORMATION

Name of employer

Business ID

Address, line 1 (building, street, etc.)

Postal code and city

Contact person's surname and first name

Telephone (also dialling prefix)

Place and date

E-mail

Signature of the person who made the salary notification

Printed name



INSTRUCTIONS FOR COMPLETION OF THE FORM

If you have questions when filling in the form, you can contact the claims settler who is processing the claim.

Working from information provided in this form, the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities will investigate whether the employee has suffered additional loss of income due to the disability for work caused by pharmaceutical injury or if the employer has paid salary during the period of disability for work caused by the pharmaceutical injury. The amount of loss of income is usually determined through comparison of the income that the employee would have earned without the pharmaceutical injury to the income that he or she has earned despite the injury. In order to clarify the employee's level of income that would have prevailed without the pharmaceutical injury, the form includes questions related to the duration and nature of the employment or civil service contract as well as salary. Also, information is asked for on the salary paid during the time of disability for work caused by the pharmaceutical injury.

1. Employment or civil service contract

For the employment or civil service contract, specify the starting day and (if it has ended) the ending date, and the occupation of the employee or the nature of his or her duties. Use definitions that describe the concrete contents of the work (e.g., carpenter or wages clerk), no titles or degrees (such as industrial worker or reference to vocational qualification in business and administration). Also indicate if the employment or civil service contract is valid for the time being or for a fixed term and what would have been the termination date of the temporary employment or civil service contract if the pharmaceutical injury had not occurred.

2. Salary, benefits in kind, holiday bonus, and payroll tax

Specify the amount of salary paid to the employee for the duration of one year before the disability for work, including salary from the regular working hours, benefits in kind, and overtime compensation. Provide this information extending to one year before the start of the disability for work. This date is not necessarily the same as the starting date of the disability for work caused by the pharmaceutical injury, but it may be earlier. Also indicate the unpaid absences and other exceptional factors that influence the amount of the salary, as well as salary increases included in this period of one year.

Provide the principle for determination of salary agreed upon with the employee (hourly wage, monthly salary, etc.) and the amount of the agreed salary from the period during which the pharmaceutical injury has caused loss of income. From the same period, also specify the nature and value of benefits in kind per month and information related to the holiday entitlement and holiday bonus.

Provide the payroll tax information from the current year if it is available. On some occasions, the Mutual Insurance Company for Pharmaceutical Injury Indemnities may use it for determining the amount of the tax deduction from the compensation for loss of income.

3. Salary during period of disability for work caused by pharmaceutical injury

If the period of disability for work is already indicated on the form, it must not be changed and instead the information must be given from the duration of this time. Because the pharmaceutical injury insurance compensates for only the loss of income caused by the pharmaceutical injury, this information must only be specified for the period during which the employee would have been able to work if the pharmaceutical injury had not occurred, not for the entire time of disability. Indicate whether this period includes annual holiday and the amount of any lost holiday bonus from this period.

a) Specify the time during which the employee has received the same amount of salary and benefits as he or she would have received while at work, as well as the amount of salary paid and benefits provided during this time (without any holiday pay or holiday bonus).

b) Specify the time during which the employee has received only some of the salary that he or she would have received while at work and the amount of the partial wages during this time (without any holiday bonus), along with the principle for its determination. Also specify the amount of unpaid salary during this time.

c) Specify the date from which no salary has been paid or benefits provided to the employee, as well as the amount of unpaid salary and non-provided benefits.

4. Employer's information

Specify the employer's official name, address, and business ID, along with the name and telephone number of the contact person who will respond to enquiries. Sign and date the form.