



YEL insurance application

Apply YEL insurance within 6 months from the start of entrepreneurial activities

Entrepreneur details	Last name		First names		
	Personal identification number	Phone number	Email address		
	Home address		Postal code	Town	
Company details	Company name			Business ID	
	Company's main address		Postal code	Town	
	Company's phone number				
	E-invoicing address		E-invoicing operator		
Invoicing details	Contribution to be paid by <input type="checkbox"/> entrepreneur <input type="checkbox"/> company	Contribution to be paid in <input type="checkbox"/> 1 instalment <input type="checkbox"/> 2 instalments <input type="checkbox"/> 3 instalments <input type="checkbox"/> 4 instalments <input type="checkbox"/> 6 instalments <input type="checkbox"/> 12 instalments			
	The invoices will be delivered in accordance with the above details, unless another invoicing address is given. I wish to give another invoicing address <input type="checkbox"/> Yes				
	Other invoice recipient				
	Invoicing address		Postal code	Town	
	E-invoicing address		E-invoicing operator		
Form of entrepreneurial activities	I work as a self-employed person				
	<input type="checkbox"/> in a limited company ('oy') in which I own over 30% of shares or votes				
	<input type="checkbox"/> in a limited company ('oy') in which I own, together with family members, over 50% of shares or votes				
	<input type="checkbox"/> as a partner in a partnership ('ay')				
	<input type="checkbox"/> as a responsible partner in a limited partnership company ('ky')				
	<input type="checkbox"/> as a private trader				
Entrepreneurial activities and grounds for YEL income	Activities subject to insuring under YEL started dd mm yy		Weekly working hours on average		
	Position/tasks in the company		I am engaged in entrepreneurial activities <input type="checkbox"/> full time <input type="checkbox"/> part time		
	Annual turnover on average	Number of employees in addition to the self-employed person	The highest salary paid to an employee, €/month		
	More information for the determination of YEL income				
YEL income	Annual YEL income, €/year				
Attachments to the application	<input type="checkbox"/> Authorisation				
	<input type="checkbox"/> Online Service authorisation				
	<input type="checkbox"/> Other, what?				
Signature	Date		Policyholder's signature		
To be completed by the insurance broker	Salesperson 1, identifier	Salesperson 1, name		Sales distribution	
	Salesperson 2, identifier	Salesperson 2, name		Salesperson 1, % Salesperson 2, %	

LO-0073-en 0422



Returning the form

Complete, print and sign the form. Send the signed form and possible attachments to Elo.
Postage will be paid by Elo when you use the return address:

Työeläkeyhtiö Elo
Tunnus 5010419
00003 VASTAUSLÄHETYS

Alternatively, you can scan and send the form through a secure e-mail service at elo.fi/e-mail by selecting 'YEL insurance'.

Processing of personal information related to statutory pension insurance

We protect the privacy of our customers and process their personal data in compliance with the currently valid legislation, including acts on employment pensions, the EU General Data Protection Regulation, national data protection and insurance legislation, credit institution legislation as well as regulations concerning investment funds.

Currently valid privacy statements are available at elo.fi/data-protection