

# MEMBERSHIP APPLICATION FORM AND AGREEMENT FOR COLLECTING THE MEMBERSHIP FEE



Trade Union for the Public and Welfare Sectors JHL  
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The Public and Welfare Sectors' Unemployment Fund

Turn over for instructions for filling in the form.

<input type="checkbox"/> I will join Trade Union for the Public and Welfare Sectors, and the Public and Welfare Sectors' Unemployment Fund. I consent to the disclosure of the information on this form to the Public and Welfare Sectors' Unemployment Fund.	Branch number	Union number <b>016</b>	
<input type="checkbox"/> I'm transferring to another branch			<input type="checkbox"/> I will not join the Public and Welfare Sectors' Unemployment Fund
<input type="checkbox"/> I'm changing workplaces, membership fee collection agreement			<input type="checkbox"/> I'm reporting a secondary job, membership fee collection agreement

## Personal and membership details

To be filled in by member or applicant

1 Social security number *	2 Preferred language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> English
3 Last name *	4 First name *
5 Street address *	
6 Postal code *	7 Town/City *
8 E-mail *	9 Phone *
10 I allow my contact information to be shared: <input type="checkbox"/> with JHL's partners for marketing purposes <input type="checkbox"/> with the insurance company used by the union for marketing self-funded group insurance	
11 Membership card <input type="checkbox"/> plastic membership card <input type="checkbox"/> mobile card	
12 Native language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> Some other, which one?	13 Nationality
14 Date of joining/transfer	<b>(Please note! The earliest date of joining is the date JHL receives the form)</b>
15 The union/unemployment fund I'm switching from: <input type="checkbox"/> I authorise JHL to terminate my membership in the previous union/unemployment fund and, if necessary, ask for my membership information.	

## Employment relationship details

To be filled in by member or applicant

16 The collective agreement that your workplace complies with *	
17 Current occupational title *	
18 Membership fee payment method: * <input type="checkbox"/> The employer will collect the membership fee <input type="checkbox"/> I will pay the membership fee myself every month	
<b>I authorise my employer, mentioned below, to collect the membership fee of the union and unemployment fund from my salary. I consent to the transfer of the collection agreement to my new employer in connection to assignment of business. I also authorise the unemployment fund to collect the membership fee from benefits paid by the unemployment fund.</b>	
19 Your employer's official name (no abbreviations) *	
20 Place of employment *	21 Workplace address *
22 Starting date of employment *	23 Do you or does your family, either partly or fully, own the company in which you work? <input type="checkbox"/> no <input type="checkbox"/> yes %

**Person applying for membership: Send the form to JHL without delay. Make sure that you have filled in the form's required fields marked with an asterisk \* in clear handwriting. Member: If you selected employer collection as your membership fee payment method, send the dated and signed form to your payroll administrator, too.**

Date \*

Signature \*

## Member recruiter's details (joining member)

To be filled in by member recruiter

Member recruiter's name and membership number

## Collection of membership fee

Payroll administrator or employer representative fills in and submits a copy to the union

**Basis for collection and validity:** With this power of attorney, the employer will collect the union/unemployment fund membership fee from the taxable earned income. The authorisation is in force until further notice, and it replaces earlier powers of attorney. The authorisation expires when the employment ends or if terminated by the employee. Regarding fixed-term employments, the authorisation is valid if a new employment starts within a month after the previous employment has ended. More information: [www.jhl.fi/ohjeita-palkanlaskijoille](http://www.jhl.fi/ohjeita-palkanlaskijoille)

Employer's business ID or name of disabled person

Payroll administrator

Address

Phone

E-mail

Starting date of collection (not pay day) . 20

New payer to JHL  Member-specific reference number  Company-specific reference number

Date and signature of the person in charge/payroll administrator . 20

## **Instructions for filling in the form**

Please fill in the form carefully in clear handwriting.

Correct and up-to-date information is important for your membership benefits and the union's advocacy work.

## **Joining**

Fill in the form's required fields marked with an asterisk \*. Fill in the form carefully to speed up processing.

### **items 8 and 9**

**Contact information:** Please also supply your e-mail address and mobile phone number. These are important for notifications and electronic membership services. Please only supply your personal contact information.

### **item 14**

**Date of joining/transfer:** The starting date of the membership cannot be earlier than the date of arrival of the form in JHL, provided that the membership fee is paid starting from this date. The employment relationship must be in force on the date of joining. Only a paid employee whose livelihood is based on income earned by carrying out work for someone else can join the unemployment fund. This means for instance that people who are on child care leave can't join the unemployment fund.

### **item 15**

**Authorisation:** You can authorise JHL to terminate your membership in your previous union and/or unemployment fund for you. If a person transfers from one unemployment fund for employees to another, the person's membership and time in employment in the previous unemployment fund can be taken into account when determining the right to the benefit paid by the fund. When transferring from a Nordic country, the corresponding period is eight (8) weeks, with certain limitations, from when the unemployment insurance policy ended in another Nordic country. If necessary, the union will request for a certificate of membership.

### **item 16**

**Collective agreement complied with in your workplace:** To see which collective agreement is complied with in your employment relationship, check your employment contract.

### **item 18**

**My employer will collect the membership fee:** After filling in the form and signing it, submit it to JHL without delay. The union will provide the joining member with a pre-filled collection agreement to be submitted to the payroll administrator. Ask your payroll administrator to send a copy of the form further to the union after the payroll administrator has made their entries. If your employer doesn't collect the membership fee as of your date of joining, you'll be sent a reference number with which to pay the membership fee for the period preceding the employer's collection.

**Paying the membership fee yourself:** You will be sent instructions for paying the membership fee.

### **item 22**

**Starting date of employment:** Joining JHL requires a valid employment relationship. The duration/type of employment relationship does not matter (fixed term/permanent/part time). If the employment relationship is old and you don't remember the exact starting date, mark the year as the starting date.

### **item 23**

Working in your own company, or in a company owned by your family member, may affect your right to daily allowance. Check the unemployment fund's website for more information.

## **Switching to another local branch**

Fill in the form's required fields marked with an asterisk \* in accordance with the instructions above. The form does not need to be sent to the payroll department if your employer already collects your JHL membership fee. Tick the "I'm transferring to another branch" box.

## **Change of employer, membership fee collection agreement/Secondary job, membership fee collection agreement**

Fill in the form's required fields marked with an asterisk \* in accordance with the instructions above, aside from the date of joining/transfer. Fill in the form, sign it and submit it to the payroll administration. Submit a copy of the form completed by the payroll administration to JHL. If you're changing workplaces, you can switch to another local branch if necessary, because local interests are promoted in local branches. To switch branches, tick the "I'm transferring to another branch" box.

## **Information about unemployment security benefits for carers and entrepreneurs**

A prerequisite for receiving benefits paid by the unemployment fund is that everything is in order with your membership. Another prerequisite is that you have fulfilled the work requirement. For this reason, carers and entrepreneurs must take into account the following aspects: Working as a carer does not build up the work requirement. Carrying out some other kind of work aside from being a carer builds up the work requirement, if the work in question fulfils the prerequisites set by the Unemployment Security Act. Work carried out as an entrepreneur (item 23) does not build up the work requirement in an unemployment fund for employees.

A member of JHL who is going to become an entrepreneur can retain their right to daily allowance for a maximum of 18 months. A prerequisite for this is that they, when they become an entrepreneur, fulfil the work requirement set for entrepreneurs.

For more information, visit the unemployment fund's website.

**The Trade Union for the Public and Welfare Sectors JHL** maintains a membership register in order to manage membership and advocacy matters, compile statistics, course administration, monitoring of unemployment fund memberships and payments, and to register union duties and positions of responsibility. The information is not regularly disclosed to parties outside the organisation. Member information is disclosed to the person's shop steward, the tax authority and insurance company through which the union's member insurance is arranged. The privacy statement is available at [www.jhl.fi/join](http://www.jhl.fi/join)