

MEMBERSHIP APPLICATION FROM AND AGREEMENT FOR COLLECTING THE MEMBERSHIP FEE



Trade Union for the Public and Welfare Sectors JHL
 P.O Box 101, 00531 Helsinki, tel: 010 770 31
 email: jasenpalvelu@jhl.fi
 Public and Welfare Sectors' Unemployment Fund

Turn over for instructions for filling in the form.

<input type="checkbox"/> I would like to join the Trade Union for the Public and Welfare Sectors and the Public and Welfare Sectors' Unemployment Fund	No. of association	Union	
<input type="checkbox"/> I am transferring to another association			<input type="checkbox"/> I am not joining the Public and Welfare Sectors Unemployment Fund
<input type="checkbox"/> I am changing workplaces, membership fee collection agreement			<input type="checkbox"/> I am reporting a secondary job, membership fee collection agreement
		016	

Personal and membership details *To be filled in by member or applicant*

1 Personal ID *	2 Language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> English
3 Surname *	4 Given name *
5 Street address *	
6 Postal code *	7 Town/City *
8 E-mail *	9 Telephone *
10 I authorise the disclosure of my contact details: to JHL's partners for marketing purpose <input type="checkbox"/> to the insurance company used by the union for the marketing of group benefit insurance <input type="checkbox"/>	
11 Calendar <input type="checkbox"/> yes <input type="checkbox"/> no	12 Membership card plastic membership card <input type="checkbox"/> mobile card <input type="checkbox"/>
13 Native language <input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> other, which _____	14 Nationality
15 Date of joining/transfer * 2 0	16 Degree/qualification
17 Union/unemployment fund, from which transferring: _____ <input type="checkbox"/> I authorise JHL to terminate my membership with my previous union/unemployment fund and to request my membership data if required.	

Employment relationship details *To be filled in by member or applicant*

18 Collective agreement complied with at your workplace *			
<input type="checkbox"/> 100 General collective agreement for municipal personnel (KVTES)	<input type="checkbox"/> 200 Collective agreement for technical personnel	<input type="checkbox"/> 300 Collective agreement for hourly paid employees	<input type="checkbox"/> 400 General collective agreement for the Evangelical Lutheran Church
<input type="checkbox"/> 540 Collective agreement for the private social services sector	<input type="checkbox"/> 560 Collective agreement for AVAINTA	<input type="checkbox"/> 600 General collective agreement for government	<input type="checkbox"/> 700 PALTA
<input type="checkbox"/> 565 Collective agreement for health services employees	<input type="checkbox"/> 571 HETA	<input type="checkbox"/> 500 Other agreements of private sectors _____	<input type="checkbox"/> 800 Energy sector agreements
19 Current occupation *			
20 Membership fee payment method: * <input type="checkbox"/> The employer will collect the membership fee <input type="checkbox"/> I will pay the membership fee myself			
I authorise the employer mentioned below to collect the trade union and unemployment fund membership fee from my salary. I authorise the unemployment fund to collect the membership fee also from the benefits paid by the unemployment fund.			
21 Official name of employer (not abbreviation) *			
22 Place of work *		23 Workplace address *	
24 Starting date of employment * 2 0		25 Do you or your family own in whole or in part the company in which you work? <input type="checkbox"/> no <input type="checkbox"/> yes %	

Make sure that you have filled in the form's obligatory fields marked with an asterisk * in clear handwriting.
 If you selected as your membership fee payment method the collection by your employer, send the dated and signed form, to your payroll accountant.

Date * 2 0	Signature * _____
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Recruiter's details *To be filled in by recruiter*

Recruiter's name and membership number

Collection of membership fee *To be filled in by payroll accountant or employer's representative and copy sent to union*

Basis for collection and validity: With this power of attorney, the employer shall collect the union/unemployment membership fee from the taxable earned income. The authorisation is in force until further notice and it replaces earlier powers of attorney. The authorisation will expire when the employment relationship ends or if the employee sends notification. In fixed-term employment contracts, the authorisation is in force if the new employment relationship begins within a month of the end of the previous one. For more information, visit www.jhl.fi/tyonantajalle

Employer's business ID or name of disabled person

Payroll accountant

Address

Telephone Email

Starting date of collection (not payday) 20

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

Date and signature of the person in charge/payroll clerk 20

Approval of association *To be filled in by association*

Date 20	Name of committee representative	Arrived date
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1. At employer 2. At union

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Personal and membership details *To be filled in by member or applicant*

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Employment relationship details *To be filled in by member or applicant*

18 Collective agreement complied with at your workplace *			
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I authorise the employer mentioned below to collect the trade union and unemployment fund membership fee from my salary. I authorise the unemployment fund to collect the membership fee also from the benefits paid by the unemployment fund.			
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22 Place of work *		23 Workplace address *	
24 Starting date of employment * 2 0		25 Do you or your family own in whole or in part the company in which you work? <input type="checkbox"/> no <input type="checkbox"/> yes %	

Make sure that you have filled in the form's obligatory fields marked with an asterisk * in clear handwriting.
 If you selected as your membership fee payment method the collection by your employer, send the dated and signed form, to your payroll accountant.

Date * 2 0	Signature * _____
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Recruiter's details *To be filled in by recruiter*

Recruiter's name and membership number
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Collection of membership fee *To be filled in by payroll accountant or employer's representative and copy sent to union*

Basis for collection and validity: With this power of attorney, the employer shall collect the union/unemployment membership fee from the taxable earned income. The authorisation is in force until further notice and it replaces earlier powers of attorney. The authorisation will expire when the employment relationship ends or if the employee sends notification. In fixed-term employment contracts, the authorisation is in force if the new employment relationship begins within a month of the end of the previous one. For more information, visit www.jhl.fi/tyonantajalle

Employer's business ID or name of disabled person	
Payroll accountant	
Address	
Telephone	Email
Starting date of collection (not payday) 20	
<input type="checkbox"/> New payer to JHL <input type="checkbox"/> Member-specific reference number <input type="checkbox"/> Company-specific reference number	
Date and signature of the person in charge/payroll clerk 20	

Approval of association *To be filled in by association*

Date 20	Name of committee representative	Arrived date
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2. At union

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 representation work.

Joining

Fill in all of the form's obligatory 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.

item 15

Date of joining/transfer: The starting date of the membership cannot be earlier than the date of arrival of the form, provided that the membership fee is paid starting from this date. The employment contract must be in force on the date of joining.

item 17

Authorisation: You can authorise JHL to terminate your membership in your previous union and/or unemployment fund for you. If a person transfers from an unemployment fund to another within a month, his/her membership and time in employment in the previous unemployment fund will 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 ended in another Nordic country. A certificate of membership will be requested by the union if required.

item 20

Employer collects membership fee: Once you have filled in and signed the form, send it to your payroll accountant and a copy with the payroll accountant's information to the union. If your employer does not collect the membership fee as of the date of joining, you will be sent a reference number with which to pay the membership fee for the period preceding the employer's collection.

Paying your own membership fee: You will be sent instructions for paying the membership fee.

item 24

Starting date of employment relationship: Joining JHL requires a valid employment relationship. The duration/type of employment relationship does not matter (fixed-term/permanent/part-time). Mark as the starting date the year if the employment relationship is old and you do not remember the exact starting date.

Change of association

Fill in all of the form's obligatory fields marked with an * according to the instructions given above. The form does not need to be sent to the payroll department if your employer already collects your JHL membership fee.

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

Fill in all of the form's obligatory fields marked with an * according to the instructions given above except for the joining/transfer date. Fill in and sign the form and send it to your payroll account. A copy of the form filled in by the payroll accountant must be sent to the union. When your job changes, you can change associations, if you need to, as the local representation takes place through the association. You can change associations by ticking "I am transferring to another association".

Information on unemployment benefits for informal carers and entrepreneurs

One of the requirements for receiving unemployment fund benefits is, in addition to having a membership that is in order, the fulfilment of the employment requirement. For that reason, informal carers and entrepreneurs must take note of the following: Work carried out as an informal carer does not fulfil the employment requirement. Work carried out simultaneously while working as an informal carer fulfils the employment requirement, if the work fulfils the requirements of the Unemployment Security Act. Work carried out as an entrepreneur (item 25) does not fulfil the employment requirement of a fund for wage-earners.

According to the Unemployment Security Act, a person referred to in the Self-employed Persons' Pensions Act, section 3 or in the Farmers' Pension Insurance Act, sections 3–5, is considered to be an entrepreneur. In addition, a person working in an executive position in a limited company is considered an entrepreneur if he or she owns at least 15% of the company or its voting rights. In addition, a person working in an executive position in a limited company is considered an entrepreneur also if he or she owns, together with family members, at least 30% of the company or its voting rights.

A person can also be considered an entrepreneur if he or she works in a limited company (i.e. not necessarily in an executive position). In this case, he or she must own alone, or together with family

members, at least 50% of the limited company or its voting rights.

A person can be considered an entrepreneur even if he or she works in another form of company than a limited company (e.g. limited partnership). In such a case, the person or he or she together with family members, must hold control in the company as described above.

Ownership alone does not make one an entrepreneur; the individual must also work in the company.

An executive position is considered to be the Managing Director, Chairman or member of the Board of Directors or a similar position.

According to the Unemployment Security Act, a family member is the spouse or direct descendant or parent of the person who works in the company and lives with the person.

A JHL member who is becoming an entrepreneur can maintain his or her right to daily allowance for no more than 18 months, provided that he or she fulfils the employment requirement when starting out as an entrepreneur.

The Trade Union for the Public and Welfare Sectors JHL maintains a membership register in order to manage membership and representation issues, compile statistics, course administration, monitoring of unemployment fund memberships and payments and to register union duties and positions of trust. The information is not regularly disclosed to parties outside the organisation. Members' 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 policy is available at www.jhl.fi/liity

October 2019