

Return address

OP Life Assurance Company Ltd
Group pension insurance
P.O. Box 308
FI-00013 OP

Please complete this form to report the distribution of premiums among the insured persons and changes related to employees under the insurance. The details of the new persons to be included in the insurance can be provided in the form's section New insured persons.

Please remember that the insurance premium must be collectively determined on uniform grounds for each insured person and report the premium distribution at least three (3) weekdays before paying the premium.

If the required information does not fit on one page, you may complete as many forms as you need.

Policyholder

Policy code

Insurance premium, €

Premium distribution

Insured person	Personal identity code	Insurance premium per person, €	Pension group if changed	Removal	Removal date	EU/EEA transfer*)
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>

New insured persons

Insured person	Personal identity code	Insurance premium per person, €	Pension group	Addition date	Address of the insured person

*) The insured person has announced intentions to move into another EU/EEA country to work or seek employment after termination of employment. In such a case, the insured person has a legal right to a pension equalling to the pension savings earned by the termination of employment. This is subject to the condition that the person has been covered by the group pension insurance for at least three years after 1 May 2018.

Signature

Place and date

Signature and name in print / block letters of the insurance's contact person or a person authorised to sign