

Wage enquiry for compensation

Claimant

Personal ID

Date of injury/accident

The above-mentioned person has suffered an occupational injury while working as an agricultural entrepreneur. According to the information we received, he also works for your company. In order to determine the amount of sick pay and annual earnings, we kindly ask you to fill out the form on the back and return it to us. We also ask that you notify us as soon as possible about any sick pay you have paid since this notice.

Kind regards,

Farmers' Social Insurance Institution MELA
Accident Unit

tel. 029 435 2

Instructions for filling in the form**3. Sick pay**

– Compensation for 28 days from the date of the accident is determined by any sick pay has been paid. If sick pay has been paid, indicate the amount of pay and the period in section 3 A. If sick pay is also paid for a period beyond 28 days, this period must be indicated separately in section 3 B.

4. Wage details

- If sick pay has not been paid, fill in section 4.
- If the employment relationship has lasted at least a week, fill in box 4 A. Enter the amount of wages paid during the 28 days before the accident or from the start of the employment relationship.
- If the employment relationship has lasted less than a week, fill in box 4 B.

5. Annual earnings

– In order to calculate annual earnings, we need to know the amount of wages, holiday pay, fringe benefits and possible wage increases for one year prior to the accident. The amount of wages should be notified before withholding tax and without holiday pay or the share of tools (benefit in kind).

1. Employer's details

| | | |
|---|---------------------|-------------|
| Employer (<i>official company name</i>) | | Business ID |
| Address, postal code and city | | |
| Tel. | IBAN account number | BIC code |

2. Claimant's details

| | | |
|---|--|---|
| Last name and first names | | Personal ID |
| Profession | | |
| Is the claimant a shareholder in the company? Yes, alone/together with a family member, shareholding % No | | Primary occupation Secondary occupation Student Trainee Has the claimant already returned to his/her former work? No Yes, when? |
| Does the claimant live permanently in the employer's household? No Yes | | Relationship of the claimant to the employer or the employer's spouse? |
| Is the employment relationship part-time? No Yes, why? | | Working hours/day Working days/week |
| Starting date of employment | Length of employment relationship Continuous for the time being For a fixed period | Working hours/week |
| If the employment relationship was for a fixed period, when was it scheduled to end? | Has the claimant been absent from work due to the occupational accident/disease? No Yes, when? | |

3. Sick pay (not from the date of the accident)

| | | | |
|-------------------------------|--|---------------------|-------------------------------|
| Sick pay has not been paid | Last day of payment obligation for wages | Determination basis | Working days, number or hours |
|-------------------------------|--|---------------------|-------------------------------|

A) Sick pay for the period**B) Sick pay for the period**

| | |
|--|---|
| Sick pay has been paid for the entire period of work incapacity | only partially (<i>e.g. due to a layoff or part-time pension</i>), Fill in section 4 |
|--|---|

Has only a portion of wages been paid as sick pay (*e.g. 50% if employment relationship has lasted less than a month*)? **Fill in section 4****4. Wage details (for the 28 days prior to the accident)**Wages for the four-week period prior to the accident without fringe benefits or holiday pay (*e.g. the two most recent two-week wage periods*) or for the entire employment relationship if it has lasted less than four weeks. Wage details are not required for the day of the accident.

| | | |
|---|---|--|
| Hourly wage, euros | Unpaid absences during the above-mentioned period, dates and reason | |
| Possible bonuses Type of bonus | Average amount of bonuses, euros/month | |
| A) Employment relationship has lasted at least a week Wages for the period | Total amount, euros | Number of working days or hours during this period |
| Wages for the period | Total amount, euros | When was the employment relationship scheduled to end? |
| B) Employment relationship has lasted less than a week Wages for the period | Monthly wage, euros | Wage at time of accident, euros/month |

5. Wage details for determining annual earnings

| | | | |
|--|---|---|-------------|
| Monthly wage, euros/month | Bonuses and fringe benefits (<i>taxable value</i>) euros/month or euros/day or euros/year | Type of bonus | Holiday pay |
| Average hourly wage/euros | Determination basis (<i>euros/hour, day</i>) | Working days or hours during notification period | |
| Wage details from employment relationship (max. one year) Wages for the period | | Wage increases during notification period (<i>date and amount in euros</i>) | |
| Wages for the period | Total amount, euros | Unpaid absences during notification period (<i>dates and reason</i>) | |
| Wages for the period | Total amount, euros | | |
| Does the claimant have other employers simultaneously? No Yes, name and address of other employers | | | |
| Have daily allowances been applied for from health insurance due to the accident? No Yes, name of Kela office | | | |

Signature I certify that the information provided above is correct.

| | |
|----------------|---|
| Place and date | Signature and clarification in block capitals of the employer or representative |
|----------------|---|