NOTICE OF CHANGE TO THE PAYER OF JOB ALTERATION COMPENSATION

Name:_____

Social serucity number:_____

Address:_____

Postal code and city:_____

NOTIFY ABOUT CHANGES IN JOB ALTERATION IMMEDIATELY TO IAET-KASSA

Job alteration is suspended ___.___.___ - ___.___.___

Job alteration ends ___.___.___

Reason:_____

_____

_____

E.g. work for own employer, employment ends, work for other employer for more than 2 wks, maternity, paternity, or parental leave, military or non-military service, full-time entrepreneurship or other reason.

NOTIFY ABOUT CHANGEDS IN INCOME DURING JOB ALTERATION IMMEDIATELY TO IAET-KASSA

___ I've accepted a part-time job working for another employer. Send IAET-kassa your pay slip every month. Attach to first pay slip a copy of your work contract.

___ I've accepted a full-time/casual job that lasts no more than 2 weeks. Send IAET-kassa a certificate of pay and a copy of your work contract.

___ Part-time entrepreneur. Send IAET-kassa a copy of your latest certified taxation with the account attached/monthly bookkeeping.

___ Payment paid by your own employer; e.g. holiday pay, retrospective bonus, fringe benefit from ___.___.___ till ___ . ___ . ___
(Attach a pay certificate/pay slip.)

___ I've applied for/receive child home care benefit. Notify also if your spouse receives or has applied. (Attach a filled child home care allowance questionnaire.)

___ I've applied for/receive other social benefit/income from ___.___.___ till ___ . ___ . ___
(Attach a certificate.)

___ I'm on sickness leave/in rehabilitation from ___.___.___ till ___.___.___ (Attach a certificate.)

___ It was an accident. (Attach a copy of insurance company's decision.)

OTHER CHANGES IN CIRCUMSTANCES (name, bank account, address etc.)

_____

_____

_____

Date and place Signature

_____ _____