

**REQUEST FOR E301 –FORM**

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SURNAME FIRST NAME(S)

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FORMER NAME SOCIAL SECURITY NUMBER

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NATIONALITY BIRTHPLACE (CITY AND COUNTRY)

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ADDRESS IN FINLAND (mark the address in which You want the form to be sent to)

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ADDRESS TO WHERE YOU ARE MOVING (mark the address in which You want the form to be sent to)

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DATE OF RESIGNATION FROM IAET-KASSA (You can not transfer Your membership unless you have resigned from Your previous unemployment fund.)

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LATEST EMPLOYER

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START AND END DATES OF YOUR LATEST EMPLOYMENT

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BRANCH OF BUSINESS

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WORK TITLE

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GROSS SALARY PER MONTH

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REASON FOR THE END OF YOUR LATEST EMPLOYMENT

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HAVE YOU OR WILL YOU STILL RECEIVE PAY FROM YOUR LATEST EMPLOYMENT AND IF YES, HOW MUCH

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HAVE YOU OR WILL YOU RECEIVE ADDITIONAL PAYMENTS IN RELATION TO THE END OF YOUR LATEST EMPLOYMENT AND IF YES, HOW MUCH

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HAVE YOU OR WILL YOU RECEIVE HOLIDAY COMPENSATION FROM YOUR LATEST EMPLOYMENT AND IF YES, HOW MUCH AND HOW MANY HOLIDAY DAYS IS IT EQUIVALENT TO

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HAVE YOU WAIVED THE RIGHT TO OTHER PAYMENTS FROM YOUR LATEST EMPLOYER

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DO YOU RECEIVE ANY OTHER BENEFITS (SOCIAL OR OTHER)

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HAVE YOU BEEN ISSUED AN E303 –FORM AND IF YES, FOR WHAT TIME AND WHAT WAS THE DATE IT WAS ISSUED

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HAVE YOU BEEN AN UNEMPLOYED JOBSEEKER FOR FOUR WEEK PRIOR TO THE ISSUING OF THE E303 –FORM

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ARE YOU A FRONTIER WORKER

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ARE YOU A CITIZEN OF A COUNTRY THAT JOINED EU ON JUNE 1ST 2002 (ESTONIA, LATVIA, LITHUANIA, POLAND, THE CZECH REPUBLIC, SLOVAKIA, HUNGARY, SLOVENIA, MALTA, CYPRUS)

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DATE

SIGNATURE

**E301-FORM MUST BE ASKED FROM IAET-KASSA IN GOOD TIME. PREFERABLY TWO (2) WEEKS PRIOR TO STARTING WORK ABROAD.**

**ALSO ALWAYS CHECK FROM THE LOCAL WORK OFFICIALS WHEN THEY REQUIRE THE E301 –FORM.**