

THE UNEMPLOYMENT FUND FOR HIGHLY EDUCATED

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 THE KOKO FUND
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 KOKO

_____ l've accepted a part-time job working for another employer. Send the KOKO fund 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 the KOKO fund a certificate of pay and a copy of your work contract.

_____ Part-time entrepreneur. Send the KOKO fund 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.)

_____ l'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.)

_____ l've applied for/receive other social benefit/income from _____.____till _____. ____ till _____.

____ I'm on sickness leave/in rehabilitation from _____ till _____ 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