



THE UNEMPLOYMENT FUND FOR HIGHLY EDUCATED

## NOTICE OF CHANGE TO THE PAYER OF JOB ALTERATION COMPENSATION

Name:
Social security number:
Address:
Postal code and city:

### NOTIFY ABOUT CHANGES IN JOB ALTERATION IMMEDIATELY TO THE KOKO FUND

Job alteration is suspended, suspension begins:	Suspension ends:
Job alteration ends:	
Reason: <input type="checkbox"/> Work for own employer <input type="checkbox"/> Employment ends <input type="checkbox"/> Work for other employer for more than 2 weeks <input type="checkbox"/> Maternity, paternity, or parental leave <input type="checkbox"/> Military or non-military service <input type="checkbox"/> Full-time entrepreneurship <input type="checkbox"/> Other reason, specify:	

### NOTIFY ABOUT CHANGES IN INCOME DURING JOB ALTERATION IMMEDIATELY TO THE KOKO FUND

<input type="checkbox"/> I have accepted a part-time job working for another employer. Send the KOKO fund your pay slip every month. Attach to the first pay slip a copy of your work contract.
<input type="checkbox"/> I have accepted a full-time or a casual job that lasts no more than 2 weeks. Send the KOKO fund a pay certificate and a copy of your work contract.
<input type="checkbox"/> Part-time entrepreneur. Send the KOKO fund a copy of your latest certified taxation with the account attached, or the monthly bookkeeping.
<input type="checkbox"/> Payment paid by your own employer (e.g. holiday pay, retrospective bonus, fringe benefit) from                    to                    Attach a pay certificate or a pay slip.
<input type="checkbox"/> I have applied for or receive child home care benefit. Notify also if your spouse receives or has applied for. Attach a filled child home care allowance questionnaire.
<input type="checkbox"/> I have applied for or receive other social benefit or income from                    to                    Attach a certificate.
<input type="checkbox"/> I am on sickness leave or in rehabilitation from                    to                    Attach a certificate.
<input type="checkbox"/> I have been in an accident. Attach a copy of insurance company's decision.



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

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**Date and place**

**Signature**