LOCALTAPIOLA

INFORMATION FOR SMOOTH WORKERS' COMPENSATION INSURANCE AND CLAIMS HANDLING

LocalTapiola is legally obligated to know its customers. We are required to hold up-to-date details about your company's ownership structure, and about the persons who are authorised to represent your company. Please fill in the form and return it to your Account Manager.

POLICYHOLDER	Policyholder name and business ID	
	Policy numbers	
	Contact person	
	Email address	Telephone
INVOICING DETAILS	☐ electronic invoicing address, and operator name: ☐ e-invoicing address, and bank name: ☐ direct payment address, and bank name: ☐ paper invoice. Postal address:	
ONLINE SERVICE	Online service agreement concluded ☐ Yes Group structure ☐ No ☐ Yes. Online service power of attorney needs to be made. Payroll administration ☐ In-house ☐ Outsourced payroll administration. Online service power of attorney needs to be made.	
HR	Contact person Email address and telephone number	
OCCUPATIONAL HEALTH PARTNER	Company	
DETAILS FOR CLAIMS HANDLING	**Payroll administration** External payroll company Business ID Email address and telephone number Customer to be given individualised instructions how to complete the insurance certificate ☐ Yes ☐ No	
	Claim form Name whom to request to file the claim form Email address and telephone number	
	Claim settlement decisions Account number for daily allowance benefits Email address and telephone number for the recipient of claim settlement decisions	
	Cost centres Customer monitors claims by cost centre. ☐ No ☐ Yes. Details for the cost centre	
	Personnel additional covers ☐ Leisure-time group insurance ☐ Working capacity insurance ☐ Other, what	
	Details for provision warnings and notices Contact person Email address and telephone number	
LOCALTAPIOLA	Account Manager (name and tel.). The Account Manager should send the form to yritysten.henkilovahingot@lahitapiola.fi	