

**Business**

Name of business	CVR no.:
The company pension agreement enters into force on:	Former pension provider

In connection with a change of pension provider, Velliv requires an employer's declaration.

The employer's declaration will help ensure that employees whose working capacity is reduced at the time of the change of pension providers are cared for in relation to 1) keeping the pension scheme with the previous pension provider or 2) being transferred to Velliv.

As an employer, you must inform us about employees with reduced working capacity due to one of the causes below. You must do so in compliance with the knowledge you have about the employees on the date when the declaration is signed. Each employee must be stated no more than once, but with all relevant causes.

- Full or partial sick leave
- Employee working reduced hours for health reasons
- Employee under the flexjob scheme
- Employee for whom the former pension provider processes an application for benefits for loss of earning capacity
- Employee for whom either you or the employee receives benefits for loss of earning capacity.

Please note that it may have financial implications both to the employees and you as an employer if the employer's declaration is not filled in correctly. You may incur liability for loss as a result of erroneous completion. Please contact the Health Department of Velliv on +45 7033 3003 or [helbred@velliv.dk](mailto:helbred@velliv.dk), if you have any questions.

- For each employee, please state the name, civil registration number, e-mail and telephone number.
- Date of the first day of sickness absence must be stated for the employees who are on full or partial sick leave.
- Working hours must be stated in hours per week for employees on partial sick leave and employees working reduced hours for health reasons.
- If an employee is covered by more items, all of them must be stated.

		Full-time sick leave (state the first day of sickness absence)	Partial sick leave (state the first day of sickness absence)	In case of partial sick leave – what are the agreed working hours per week? (state number of hours)	Employee working reduced hours for health reasons (mark with an X)	If employed for reduced hours for health reasons – what are the agreed working hours per week? (state number of hours)	Employee under the flexjob scheme (mark with an X)	Employee for whom the former pension provider processes an application for benefits for loss of earning capacity (mark with an X)	Employee for whom either you or the employee receives benefits for loss of earning capacity (mark with an X)
Name	Civil reg. no.	Date	Date	Number of hours/week:		Number of hours/week:			
E-mail	Telephone								
Name	Civil reg. no.	Date	Date	Number of hours/week:		Number of hours/week:			
E-mail	Telephone								
Name	Civil reg. no.	Date	Date	Number of hours/week:		Number of hours/week:			
E-mail	Telephone								
Name	Civil reg. no.	Date	Date	Number of hours/week:		Number of hours/week:			
E-mail	Telephone								

This employer's declaration is signed on the basis of our knowledge about the employees as at today:

Date	Signature
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The employer's declaration is usually signed before the new company pension agreement enters into force. Velliv will contact you if you need to provide a new statement either on or after the commencement date.

Velliv / Lautrupvang 10 / DK-2750 Ballerup

Telephone: +45 70 33 99 99 / [kontakt@velliv.dk](mailto:kontakt@velliv.dk) / [www.velliv.dk](http://www.velliv.dk) / Velliv, Pension & Livsforsikringsselskab A/S, CVR no. 24260577

## Business

Name of business

CVR no.:

The company pension agreement enters into force on:

Former pension provider

Employees covered by section 56 of the Danish Unemployment Benefit Act in case of sickness as at the commencement date of the company pension scheme must be stated in the list below, also if the employee may be stated on the previous page.

For each employee, please state the name, civil registration number, e-mail and telephone number.		Covered by section 56 of the Danish Unemployment Benefit Act in case of sickness (mark with an X)
Name	Civil reg. no.	
E-mail	Telephone	
Name	Civil reg. no.	
E-mail	Telephone	
Name	Civil reg. no.	
E-mail	Telephone	
Name	Civil reg. no.	
E-mail	Telephone	
Name	Civil reg. no.	
E-mail	Telephone	

Date

Signature