

APPLICATION FORM FOR ADDITIONAL GRANT AND LETTER OF AUTHORIZATION

Name _____

Social Security Number _____

Date of withdrawal of the grant or the first installment _____

Address _____

Postal address _____

Phone number _____

E-mail address _____

I apply from the Fortum and Neste Foundation an additional grant to cover the following insurance cover:

- Medical Insurance and Accident Insurance** - costs for medical treatment due to sickness or injury compensated up to 10,000 euro per case for same sickness or injury
- IF Insurance company** - 30 euro deductible per medical consultation
- Life assurance Mandatum Life** - lump sum payable on death 16 000 €

Name of defined beneficiary	Name of defined beneficiary	Soc.sec. no	%

I authorize the Fortum and Neste Foundation to pay the insurance premiums on my behalf and I authorize Söderberg & Partners Oy to include me in the life and medical insurance and to administrate the insurance cover.

Signature _____

Name in block letters _____

The insurance cover is stated on the back side of the application →

SHORT DESCRIPTION OF THE INSURANCE COVER

The insurance cover does not apply to those applicants that have reached the age of 60 years.

IF Insurance Company

The insurance covers medical costs up to 10,000 euros per sickness or injury. The insurance covers both treatment given by a general physician and a specialist including medical tests and medicines.

Only costs for treatment in Finland is reimbursed.

The insurance covers following items:

- general physician and specialist treatment
- You have the right to receive treatment everywhere in Finland
- prescribed medicines
- surgery and hospital care
- physiotherapy prescribed by physician (10pcs) and needed in treatment of accidental injury
- patient fees within the public health care
- deductible 30 euro per medical consultation = (doctor's fee + cost for treatment + medicines ./ 30 euro)
- the insurance cover is in force on a travel abroad lasting for a maximum of 45 days

Mandatum Life

- Lump sum on death

16 000 €

Scan the application form to: info.ba@soderbergpartners.com

Or postal address
(no stamp need to this
address)

Söderberg & Partners Oy
Tunnus 5015522
00003 Vastauslähetyt

Further information

Siru Elman
050-4135 802
info.ba@soderbergpartners.com