

Completing the Notice of Occupational Disease

Read these instructions if you need to fill in the Notice of Occupational Disease. The instructions on how to fill in the Notice of Occupational Accident are given in a different document.

This notice must be used after 1 January 2016 for all occupational diseases, regardless of when the employer was informed of the symptoms.

The employer must submit the notice without delay after the employer or their representative have been informed of the actual or suspected occupational disease. The notice must be submitted within 10 working days from the date when the employer or their representative became aware of the claim event. Send this notice to the insurance institution which underwrites the employer's insurance policy under the Workers' Compensation Act. If the employer does not have a statutory insurance, send the notice to the Workers' Compensation Center.

If you have questions about completing the notice, please contact the compensation unit at the Workers' Compensation Center (for contact details, visit www.tvk.fi).

1. INFORMATION ABOUT THE EMPLOYER

Economic activity

Economic activity refers to the most important activity which the employer carries out in the local unit where the injured person was exposed to the agent causing the disease. Describe the economic activity by naming the most important products manufactured at the workplace or the nature of the services (such as hairdressers, grocery store, bar) or describing the employer's activity (such as engine works, construction company).

Policy number

The application for compensation is based on the insurance policy which covers the work during which the occupational disease was first recognised. If the employer has not taken out an insurance under the Workers' Compensation Act, send the notice to the Workers' Compensation Center and leave this field blank.

Company unit or department code

Enter the company unit or department code in letters or numbers if the employer uses such codes.

2. INFORMATION ABOUT THE INJURED PERSON

Occupation

Occupation must describe the nature of the injured person's daily work. Be as specific as you can, using titles such as reeling machine operator, assistant driver, electrician, etc.

Ownership of the company

If the injured person owns part of the company, enter the number of shares owned and the votes held. If the injured person's family members also own shares in the company, enter the number of shares and votes held both personally and jointly with the family members.

If the injured person and/or family members own shares in the company through another company or corporate body, also enter the indirect share of ownership and the number of votes held.

A family member refers to a spouse, a cohabiting partner or a relative who is the injured person's direct ascendant or descendant and lives in the same household. A cohabiting partner refers to a person living in conditions resembling marriage in the same household with the person working in a leading position in the company (section 9 of the Workers' Compensation Act).

3. INFORMATION ABOUT THE OCCUPATIONAL DISEASE

Description of the occupational disease

Describe the occupational disease. Information that you enter here is required for the compensation decision and for compiling occupational disease statistics. By answering these questions (the employee's symptoms, the cause of the symptoms, the employee's work processes, the circumstan-

ces in which the exposure took place), you at once provide sufficient information on the work-related exposure factors, symptoms caused by the occupational disease and the consequences of the disease.

First health care appointment and details of the occupational health care provider

If the treatment provider is a public health care provider (university hospital, central hospital, regional hospital, health care centre), you only have to enter the name. Be as specific as you can, e.g. Tampere Health Care Centre / Hatanpää Health Care Centre or Helsinki University Hospital / Meilahti Hospital. In the case of a private health care provider, enter the correct name and address. You can also give the name of the doctor who treated the injured person, if known.

4. INFORMATION ABOUT THE EMPLOYMENT CONTRACT

Employment contract of unlimited duration

A permanent contract (not agreed for a fixed term).

Employment contract of limited duration

If the contract has been agreed for a fixed term, for example for the construction of a house, enter the start and end date of the contract period.

Other employment and self-employment

These details are needed because the injured person may be entitled to claim daily allowance on the basis of another employment contract or self-employment.

Student

Fill in this section if the injured person was a full-time vocational student at the time when the occupational disease was first recognised.