

Employer

Name of employer _____

Company reg. (CVR) no. _____

The company pension agreement is amended as of: _____

Velliv requires an employer's declaration in connection with the amendment of the company pension agreement. As the employer, you must inform us about employees with reduced capacity to work for one of the following reasons. The information provided must reflect the information available to you about the employees on the date when the declaration is signed. Each employee must be stated no more than once, but with all relevant reasons.

- On full-time or part-time sick leave
- Working reduced hours for health reasons
- Working under flexi-job scheme
- Covered by section 56 of the Danish Sickness Benefits Act (sygedagpengeloven)
- Application for loss of earning capacity benefits is pending
- Either you or the employee receives loss of earning capacity benefits

Please note that it may have financial implications both for the employees and you as the employer if the employer's declaration is not completed correctly. Failure to correctly complete the declaration may result in liability. Please contact Velliv's Health Department on +45 7033 3003 or at helbred@velliv.dk in case of any questions.

- Please state the name, civil reg. (CPR) no., email address and telephone number for each employee.
- Date of the first sick day must be stated for the employees who are on full-time or part-time sick leave.
- If more than one section applies to an employee, please complete all relevant sections.

		Full-time sick leave (state the first sick day)	Part-time sick leave (state the first sick day)	Working reduced hours for health reasons (tick box)	Working under flexi-job scheme (tick box)	Covered by section 56 of the Danish Sickness Benefits Act (tick box)	Application for loss of earning capacity benefits is pending (tick box)	Either you or the employee receives loss of earning capacity benefits (tick box)
Name	Civil reg. (CPR) no.	Date	Date					
Email	Telephone							
Name	Civil reg. (CPR) no.	Date	Date					
Email	Telephone							
Name	Civil reg. (CPR) no.	Date	Date					
Email	Telephone							
Name	Civil reg. (CPR) no.	Date	Date					
Email	Telephone							
Name	Civil reg. (CPR) no.	Date	Date					
Email	Telephone							

This employer's declaration is signed on the basis of the information available to us about the employees on the date hereof:

Date _____

Signature _____

The employer's declaration is usually signed before the company pension agreement amendment enters into force.