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| Name of the company CVR No. |
| The company pension scheme enters into force on: Former pension provider: |
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In connection with a change of pension provider, [*the receiving pension provider*] requires an Employer Declaration.

The purpose of the Employer Declaration is to help ensure that employees with reduced working capacity or employees on leave (without pension contribution) at the time of the change-over between providers are secured in relation to 1) maintaining their pension scheme with the former pension provider, or; 2) a change to [*the receiving pension provider].*

In your capacity as employer, you are required to inform us of any employees with reduced working capacity due to any of the reasons listed below, or are on leave (without pension contributions). You must do this based on the information available to you about the employees on the date of signing the declaration. Information must be provided about each employee no more than one time but with all relevant causes indicated.

* Absence due to sickness or partial absence due to sickness
* Employed part time due to health issues
* Employed in “fleksjob” [flexible employment]
* Employee for whom the former pension provider is processing a claim for pay-out for loss of earning capacity
* Employee for whom either you or the employee him or herself is receiving pay-outs for loss of earning capacity.
* Employee who is on leave (without pension contributions).

Please note that failure to complete the Employer Declaration correctly may result in financial consequences for both the employees and yourself as the employer. You may become liable for losses arising from incorrect information provided. Please contact [*the receiving company - contact person*] if you have any questions.

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| Please provide name, CPR number, e-mail address, and telephone number for each employee.Date of first sick day must be indicated for employees who are absent due to sickness/partially absent due to sickness. Working hours must be indicated in hours per week for those partially absent due to sickness and those working part time for health reasons. If an employee is covered by more than one issue, they must all be stated. | Absent due to sickness, full-time (state date of first sick-day) | Partially absent due to sickness (state date of first sick-day) | If partially absent due to sickness - what are the agreed working hours per week? (state number of hours) | Employed part time due to health issues (indicate with X) | If employed part time due to health issues - what are the agreed working hours per week? (state number of hours) | Employed in “fleksjob” (indicate with X) | Employee for whom the former pension provider is processing a claim for pay-out for loss of earning capacity (indicate with X) | Employee for whom either you or the employee is receiving a pay-out for loss of earning capacity (indicate with X) | Employee who is on leave (without pension contributions (indicate with X) |
| Name | CPR No. | Date: | Date: | Number of hours/week: |   | Number of hours/week: |   |   |  |  |
| Email:  | Telephone: |  |
| Name | CPR No. | Date: | Date: | Number of hours/week: |  | Number of hours/week: |  |  |  |  |
| Email:  | Telephone: |  |  |
| Name | CPR No. | Date: | Date: | Number of hours/week: |  | Number of hours/week: |  |  |  |  |
| Email:  | Telephone: |  |  |
| Name | CPR No. | Date: | Date: | Number of hours/week: |  | Number of hours/week: |  |  |  |  |
| Email:  | Telephone: |  |  |  |
| Name | CPR No. | Date: | Date: | Number of hours/week: |  | Number of hours/week: |  |  |  |  |
| Email:  | Telephone: |  |  |

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| This Employer Declaration is signed based on our knowledge regarding the employees as of today’s date:  |
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Date Signature

The Employer Declaration is normally signed before the new company pension agreement enters into force. [*The receiving company*] will contact you if you need to provide a new declaration either on or after the commencement date.