

We need information in order to process the pension/rehabilitation application. Please answer the following questions. The person who knows the applicant's tasks best and how he or she copes at work should participate in filling in the form.

We need your answer within two weeks in order to process the matter without delay.

The applicant has the right to receive a copy of this description, if he or she so wishes.

The applicant's personal data and period of employment	Last name and given names		Personal identity code
	Employment contract —		Insurance number/department
Continuance of the employment contract	Will the applicant's employment contract continue? <input type="checkbox"/> yes <input type="checkbox"/> no	The employment contract will expire	Reason for expiration
Current tasks	The applicant works: <input type="checkbox"/> days <input type="checkbox"/> shift work <input type="checkbox"/> full-time <input type="checkbox"/> part-time, working _____ hours per day Describe the applicant's current work tasks and write down how long the applicant has held the current position.		
Working conditions and special characteristics	Describe the applicant's working conditions. Does the job entail particular physical or mental stress factors?		
Previous tasks	Have the applicant's tasks been changed or altered in the last few years? Describe the applicant's previous work tasks and the stress factors involved.		

Coping at work	Describe how the applicant's work has been impeded by illness or ageing and how he or she has been coping at work. How often has the applicant been absent from work due to illness during the last few years?	
Implemented work arrangements	What arrangements (working hours, tasks, ergonomics etc.) have been made?	
Planned actions for continuing at work	What arrangements have been planned for finding more suitable tasks for the applicant's health or what measures are available? Do the arrangements require the applicant to acquire more training?	
Possibility of part-time work	Is it possible to arrange part-time work for the applicant and in what way?	
Occupational health care	In what way have the occupational health care services participated in finding ways for the applicant to continue at work?	
	Name of the occupational health care service provider	
	Address of the occupational health care service provider	Telephone number
Further information		
Contact person	Name, telephone number and e-mail of the contact person	
Signature	Date and employer's signature	