



Your membership fee discount is calendar month-specific. You are eligible for the discount, which can be granted for full calendar months in 2024, if you do not receive any salary or entrepreneurial income or comparable income, have a very low income, live abroad, or study full time. You are not entitled to a discount over the averaging period of any severance package.

You can submit your application as soon as you are able to ascertain the beginning/validity of the grounds for discount. The discount is granted for the full calendar months of the eligible period of discount or, if the date of the termination of your eligibility is not known, for a default period of six full calendar months, extending no later than 31 December 2024. After we have examined the matter, we will issue a discount decision and possibly a corrected membership fee invoice. We will process the matter if you have paid your membership fees through 31 December 2023.

Please fill in your information below

Name	Membership number or social security number
Street address	Postal code and city
Email address	Phone number

Select your grounds for discount and check the required appendix in the relevant section. You can enter multiple grounds or periods.

Grounds for discount	Period	Required appendix
Unemployment	____.____.20____ - _____.____.20____ <input type="checkbox"/> Unemployment continues	A copy of a certificate issued by a TE Office/a copy of a screenshot of a payment notice issued by an unemployment fund or Kela
Layoff	____.____.20____ - _____.____.20____ <input type="checkbox"/> Layoff continues	A copy of a certificate issued by a TE Office/a copy of a screenshot of a payment notice issued by an unemployment fund or Kela
Military service/civilian service	____.____.20____ - _____.____.20____	A certificate of the duration of the service
Long-term illness	____.____.20____ - _____.____.20____	A copy or a screenshot of a payment notice issued by Kela/Medical certificate
Job alternation leave	____.____.20____ - _____.____.20____	A copy of the job alternation agreement
Living abroad	____.____.20____ - _____.____.20____	A certificate of living abroad (e.g., notice of moving, secondment contract)
Full-time studies	____.____.20____ - _____.____.20____	Student/attendance certificate
Very low income	____.____.20____ - _____.____.20____	An income certificate (e.g., salary certificate))
Other similar grounds	____.____.20____ - _____.____.20____	A certificate of the grounds
Unpaid family leave (does not apply to part-time child care leave)	____.____.20____ - _____.____.20____	A copy or a screenshot of a daily allowance decision issued by Kela
Pension for fixed period	____.____.20____ - _____.____.20____	A copy of the pension decision/pension index increment
Retirement (not applicable to parttime retirement)	____.____.20____ alkaen	A copy of the retirement decision/pension index increment

Pensioner membership requires resigning from the unemployment fund or becoming a direct fund member. Membership in the fund does not generally benefit pensioners, as they are primarily not entitled to any benefits..

- I want to terminate my membership in the KOKO / Aaria fund
- I want to become a direct member of the KOKO / Aaria fund and will contact the fund directly to continue my membership

Members are always personally responsible for paying their reduced membership fee. If your employer collects your membership fees at the time you apply for a discount, you must contact the department of salary calculation to interrupt the process. You can check the final day of collection on your salary receipts.

- My employer has last collected my membership fee from my salary on _____.____.20____.

The discount decision and the reduced membership fee invoice will be submitted to the email address you have provided above, unless you specifically request to receive them by mail.

- I want to receive the discount decision and reduced membership fee invoice by mail, not by email.

Any excess payments due to the discount will be reimbursed from membership fee payments at the end of the year. Any overpayments will be reimbursed in next year's membership fee payments.

I confirm that the information I have provided here is correct and I commit to immediately notifying IL Customer Services of any changes.

Date and signature

____.____.20____
Date

Signature

Please submit the application and appendices by email to asiakaspalvelu@ilry.fi or by postal mail to Insinööriliitto IL ry / Alennus, TUNNUS 5005120, 00003 VASTAUSLÄHETYS (no stamp needed).