

1. Grantor

Personal identity code Family name and given name(s)

Telephone number

2. Grantee

Date of birth Family name and given name(s)

Address

Postal code Postal district

Telephone number

3. Content of the power of attorney

Please choose one of the options below and then tick the appropriate box.

- The grantee is hereby authorised to handle all my Kela-related matters (for example to apply for benefits, submit additional information, give consent to an amendment of a decision, report changes, handle matters related to appeals, handle matters related to recovery).
- The grantee is only authorised to handle my matters with Kela related to

_____ (write the name of the benefit or the matter).

I hereby give my consent to the release, to the grantee, of any confidential information concerning myself, held by Kela and related to Kela benefits, that is needed in order for the grantee to carry out his or her duties (for example benefit information or information about my financial situation and my health).

4. Period of validity

- This power of attorney is valid until further notice.
- This power of attorney is valid until _____

5. Signature of the grantor of power of attorney

Place and date Signature and printed name