



Further information at [www.tyoelake.fi](http://www.tyoelake.fi) or [www.kela.fi](http://www.kela.fi)  
Please consult the instructions for pension applicants (ETK/Kela 7007oe).  
The instructions tell you how you can apply for a pension and how your personal data are handled when your pension case is processed.



Please make sure to complete the form carefully. Attach all necessary documentation.  
We may contact you for further information if necessary.  
Send the application and any supporting documents to your authorised pension provider, the Finnish Centre for Pensions (Eläketurvakeskus) or to Kela.



If you have questions, please call the deceased person's pension provider or Kela's customer service number ([www.kela.fi/call-kela](http://www.kela.fi/call-kela)).

**With this form you can apply for spouse's pension from the authorised pension provider and from Kela as well as from other EU or EEA countries, Switzerland, the United Kingdom or countries that have concluded a social security agreement with Finland.**

**i** If you apply for orphan's pension, complete a separate application for each child (Orphan's pension ETK/Kela 7005e).

### 1. Applicant

Personal identity code

Family name

Given names

Street address

Postal code

Postal district

Telephone

E-mail

Country of residence

Have you lived or worked in some other country than Finland?

No  Yes. Complete Appendix U. See section 10 Enclosures.

In which language do you wish to receive the pension decision?

In Finnish  In Swedish

Do you or did you have a child in common with the deceased?

No  Yes

Are you applying for survivors' pension for a child?

No  Yes. For how many children? Fill in a separate form for each child (ETK/Kela 7005e).

If you were married to or in a registered partnership with the deceased, state the date of marriage or registration of the partnership.

\_\_\_\_\_

**i** If you lived in a joint household (cohabitation) with the deceased, but you were not married or in a registered partnership, answer the following questions about the **joint household**:

### Joint household

When did you start living in the same household with the deceased? \_\_\_\_\_

Did you live in the same household with the deceased continuously for at least five years immediately prior to the death of the deceased?

Yes  No. Specify for which period you lived in separate households \_\_\_\_\_ - \_\_\_\_\_

Why did you live in separate households?

If you and the deceased have a child together, did the child live together with you in the same household?

Yes  No

### Legal representative

I have no legal representative.

I have a legal representative. (Enclose a copy of the decision on legal representation. See section 10 Enclosures.)

Application for a legal representative is pending.

I have issued a power of attorney concerning legal representation, and the power of attorney has been confirmed. (Enclose a copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney. See section 10 Enclosures.)

## 2. Bank account details for the applicant

International bank account number (IBAN) \_\_\_\_\_

BIC code \_\_\_\_\_

## 3. The deceased

Personal identity code of the deceased \_\_\_\_\_ Family name \_\_\_\_\_

Given names \_\_\_\_\_

Date of death \_\_\_\_\_

Was the deceased person's death due to a traffic accident, a rail traffic accident, an accident at work, an occupational disease or a patient injury?

No  Yes. State the type of accident. Also indicate the name of the insurance company.

Has the deceased lived or worked in some other country than Finland?

No  Yes. Complete Appendix U with the details for the deceased. See section 10 Enclosures.

## 4. Spouse's pension from the authorised pension provider (on account of the earnings-related pension accrued on the basis of the deceased person's paid employment or self-employment)

I wish to apply for a spouse's pension.

I wish to apply for a spouse's pension for a former spouse. (Please provide documentation. See section 10 Enclosures.)



## 5. Spouse's pension from Kela (only available to surviving spouses under the age of 65)

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I wish to apply for an initial pension for surviving spouses (paid for 6 months after the deceased person's death).

At the time of the death of the deceased, was a child under 18 of the deceased or yourself living in your household?

No  Yes. I wish to apply for the basic amount of the spouse's continuing pension. (Paid until the child reaches the age of 18 years.)

Does the child still live with you in the same household?

No  Yes

## 6. Pension from another EU or EEA country, Switzerland, the United Kingdom or a country that has a social security agreement with Finland

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I wish to apply for a spouse's pension. From which country/countries?

**i** If you apply for a pension from a country that has concluded a social security agreement with Finland the Finnish Centre for Pensions will send you a separate application form for that country. To speed up the processing of your case you can also print the application form ([www.tyoelake.fi](http://www.tyoelake.fi)) and send the form to the Finnish Centre for Pensions.

## 7. The deceased person's pensions, compensations and benefits

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**i** Complete this section if you are applying for spouse's pension from the authorised pension provider (section 4).

Did the deceased during the two previous years receive any pensions, compensations or benefits (e.g. rehabilitation allowance, sickness allowance or unemployment allowance)?

No  Yes. Specify the benefit and the time period. Also specify the payer.

## 8. Applicant

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**i** Complete this section if you do not yourself receive an earnings-related pension and you are applying for spouse's pension from the authorised pension provider (section 4).

Have you during the previous two years received sickness allowance, unemployment allowance, daily allowances for parents, job alternation compensation or other comparable benefits?

No  
 Yes. Specify the benefit and the time period. Also specify the payer.

## 9. Applicant's other compensations and pensions

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Do you receive or apply for some other compensation or pension from Finland or some other country?

No  
 I receive a compensation or pension. Specify the compensation or pension, and the start date. Also specify the country and institution or company. (Enclose a certificate or a decision. See section 10 Enclosures.)

Application pending. Specify the compensation or pension. Also specify the country and institution or company.

## 10. Enclosures

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Check that the enclosures include name and personal identity code.

### Section 1. Applicant

- Appendix U with details on the applicant (Residence and employment abroad, ETK/Kela 7110e).
- Copy of the decision on legal representation.
- Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.

### Section 3. The deceased

- Appendix U with details on the deceased (Residence and employment abroad, ETK/Kela 7110e).

### Section 4. Spouse's pension from the authorised pension provider

- A confirmed agreement or a court judgment concerning maintenance payments to a former spouse.

### Section 9. Applicant's other compensations and pensions

- Copy of the decision, notice of payment or a certificate from the payer, stating the current gross amount per month of your pension from another country. No certificates are needed regarding your Finnish pensions and compensations.

### Section 11. Signature

- If the application is not signed by the applicant or the applicant's legal representative, enclose a bank statement or some other certificate from the bank, showing that the account is the applicant's account.

### Other enclosure

- Please specify. You can provide additional information for the application also in other enclosures. Write the number of the section you are referring to.
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## 11. Signature

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**I have read the leaflet 'Information for pension applicants' (ETK/Kela 7007oe).**

**I declare that the information I have given above is true and accurate. I will notify any changes.**

If this form is not signed by the applicant, please explain why it was signed by someone else and state the signatory's phone number. Enclose a certificate on the holder of the bank account. (See section 10 Enclosures.)

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Place and date

Signature and printed name

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