



You can also complete the application and file related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish)

More information is available at www.kela.fi/rehabilitation

You can calculate the amount of the benefit at www.kela.fi/laskurit (in Finnish) or www.fpa.fi/berakningar (in Swedish)



If you have questions, please call our customer service number (www.kela.fi/call-kela)



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 by mail. The address is Kela, PL 10, 00056 KELA.

- i** If you have not previously claimed benefits from Kela and you have moved to Finland, also complete form Y 77e.
If you are about to travel abroad, also complete form Y 38e.

When to apply: Apply for rehabilitation allowance within six months of the date from which you wish to receive the allowance.

1. Applicant

Personal identity code

Family name and given name

Phone number

E-mail

- i** Kela obtains the address data from the population data system.

If you participate in the rehabilitation of your family member and you are applying for rehabilitation allowance on this ground, please complete the data on the family member.

Family name and given name

Personal identity code

2. Bank account number

- i** If the application for rehabilitation allowance concerns a person aged under 18 years, please state the name of the account holder.

3. Grounds for and period of rehabilitation allowance

For what type of rehabilitation are you applying for rehabilitation allowance?

☐ Rehabilitation provided by Kela

☐ Rehabilitation available from other sources; please specify. _____

☐ Apprenticeship training

- i** Also apply for vocational rehabilitation from Kela for the apprenticeship training by completing the form KU 101e.
Please also complete section 4 Apprenticeship training.

For what period are you applying for rehabilitation allowance?

☐ For the period stated in the rehabilitation decision (We obtain the dates from the rehabilitation decision or from the certificate of attendance that you have provided.)

☐ For some other period than the period stated in the rehabilitation decision. State the start and end dates. _____ – _____

4. Apprenticeship training

How does the illness or disability make your studies, work or career choices more difficult?

Please describe your professional plans and goals.

5. Work or other activity

What type of work or other activity do you engage in at the start of the rehabilitation?

- ☐ Employee
- ☐ Self-employed person, agricultural entrepreneur or other entrepreneur
- ☐ I am not liable to take out insurance under the Self-Employed Persons' (YEL) or the Farmers' Pensions Act (MYEL)
- ☐ Unemployed
- ☐ Other activity. Describe what you do. _____

i If you are outside working life when the vocational rehabilitation starts, you can receive rehabilitation allowance even if you start working during the rehabilitation. Any work during days of rehabilitation can only be part-time work. Those outside of working life are unemployed, self-employed persons who are not liable to take out insurance under the Self-Employed Persons' (YEL) or the Farmers' Pensions Act (MYEL), independently employed persons and persons who take care of their own household.

6. Work during the rehabilitation (only complete if you are a paid employee or a self-employed person)

Are you working during days of rehabilitation?

- ☐ No
- ☐ Yes, part-time during the period _____ – _____
- ☐ Yes, full-time during the period _____ – _____

i Report any possible changes to your working days to Kela without delay.

7. Employer and wage payment (only complete if you are a paid employee)

i The part of the rehabilitation allowance corresponding to the wage or salary paid during the period of rehabilitation is paid to the employer. Kela requests the wage data from your employer.

Employer's name, postal address and phone number

Do you receive a wage or salary during the period of rehabilitation?

- ☐ No ☐ I don't know ☐ Yes. State all the employers that pay you a wage or salary.

Do you take annual holiday, overtime leave or other paid leave from your paid employment during the period of rehabilitation?

- ☐ No ☐ Yes; please specify. _____

State the start and end dates of the leave. _____

8. Other benefits

Do you receive compensation or pension from some other source than Kela for the time of rehabilitation?

i Also state if your family receives basic social assistance granted by a municipality in the Åland Islands.

- ☐ No
☐ Yes. Specify the compensation/pension and the payer.

9. Information affecting the amount of the rehabilitation allowance

i The amount of the rehabilitation allowance is calculated on the basis of your annual income. Annual income means your incomes during a period of 12 calendar months. This period is called the reference period. There is, however, a 1 month gap between the start of the rehabilitation allowance period and the reference period, and the income during this month is not taken into account.

Kela receives information on incomes from the national incomes register, the pension providers and the benefit payers. We ask for further information on your incomes on this form.

While you are receiving rehabilitation allowance, are you also receiving an informal or a family care allowance?

- ☐ No
☐ Yes, for the time being.
☐ Yes, the payment will continue until _____.

When calculating the annual income on which the rehabilitation allowance is based, it may be possible to use the income for the last three calendar months of the reference period. One requirement is that the income for the last three calendar months, multiplied by four, must be at least 20% higher than the annual income calculated on the basis of the full 12 calendar months. A further requirement is that you during the reference period have

- | | |
|---|--|
| <input type="checkbox"/> attained vocational qualifications and taken a degree | <input type="checkbox"/> performed military or alternative civilian service |
| <input type="checkbox"/> been partly or completely absent from the labour market after the period of allowances for parents because of caring for your under 3-year-old child at home | <input type="checkbox"/> been partly or completely absent from the labour market after the period of allowances for parents because of caring for your adopted child at home |
| <input type="checkbox"/> been absent from work because of participation in the medical care of your under 16-year old child who is ill / disabled (home care or hospital care) | <input type="checkbox"/> moved to Finland from another country and you were not covered by the Finnish health insurance system while living abroad |

Are you applying for allowance on the basis of your income for the last three calendar months of the reference period?

- ☐ No
☐ Yes (State the reason under the previous section)

10. Maintenance allowance

i You can be granted maintenance allowance to compensate for extra costs due to the rehabilitation. The allowance can be granted if your rehabilitation allowance is paid to the minimum amount.

Please apply separately for compensation for any travel costs in connection with the rehabilitation (www.kela.fi/web/en/travel-costs).

I wish to apply for maintenance allowance on the basis of the following costs:

11. Waiting period concerning vocational rehabilitation

i If you are entitled to an unemployment benefit, you can choose whether you wish to receive the unemployment benefit during waiting periods concerning vocational rehabilitation or whether you wish to apply for rehabilitation allowance for the waiting periods.

- ☐ I wish to apply for rehabilitation allowance for the time while I am waiting for the rehabilitation to start.
☐ I wish to apply for rehabilitation allowance for the time between rehabilitation periods.

12. Enclosures

- ☒ The rehabilitation allowance is paid after the rehabilitation when you have submitted a certificate of attendance concerning the rehabilitation to Kela. Request the certificate from the rehabilitation provider.
- ☐ Rehabilitation decision, e.g. Kela's form KU 114, if the rehabilitation is not provided by Kela.
- ☐ Programme for course designed to improve your fitness

Apprenticeship training:

- ☐ Medical certificate B

Other enclosures

- ☐ Other documentation, indicate which.
-

13. Additional information

- ☒ Write the number of the section you are referring to.

-
- ☐ Additional information on a separate sheet. Write your name and personal identity code on the sheet.

14. Signature

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

Place and date

Signature and printed name

Information obtained for the purpose of deciding the present matter may be used for other benefit determinations, if so required under law. Conversely, any information obtained within the context of another benefit may be used to decide the present matter. Please contact Kela for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.