



You can also file the application and related documentation online: [www.kela.fi/english](http://www.kela.fi/english).



Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

- i** If you have moved to Finland and you have not previously claimed benefits from Kela, also complete form Y 77e. If you are or your child is moving abroad, also complete form Y 38e.

**When to claim:** You can apply 6 calendar months retrospectively. Child benefit and single-parent supplement can be awarded from the beginning of the month following the birth of the child, the placement of an adoptive child or the change in family circumstances.

### 1. Applicant

Personal identity code \_\_\_\_\_ Family name and given name \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

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

The applicant is the child's

parent or guardian  foster caregiver

someone else. Please specify: \_\_\_\_\_

### 2. Bank account number

- i** Child benefit will be paid into the same account for all of the eligible children. If you have an account with a foreign bank, please also state the BIC code of your bank.

### 3. Application

This application is for child benefit for one or more children whose expected due date is \_\_\_\_\_

How many children will be born? \_\_\_\_\_

This application is for child benefit for one or more adoptive children whose date of placement is \_\_\_\_\_

How many children have you adopted? \_\_\_\_\_

I wish to apply for child benefit starting from \_\_\_\_\_

- i** You need not complete this section if you apply for child benefit according to the expected due date of the child or the date of placement of an adoptive child.

I wish to apply for single-parent supplement, starting from \_\_\_\_\_

- i** You are entitled to a single-parent supplement if you are not married or cohabiting or if you and your spouse/partner are legally separated. Please also complete section 5.

I ask that the single-parent supplement be terminated starting from \_\_\_\_\_

- i** Please also complete section 5.

If the recipient changes, to whom has the child benefit been paid before this application?

- i** Please also complete section 8.

#### 4. The children whom the application concerns

Family name and given name \_\_\_\_\_ Date of birth and foreign personal identity code, if applicable. \_\_\_\_\_


Family name and given name \_\_\_\_\_ Date of birth and foreign personal identity code, if applicable. \_\_\_\_\_

Family name and given name \_\_\_\_\_ Date of birth and foreign personal identity code, if applicable. \_\_\_\_\_

Family name and given name \_\_\_\_\_ Date of birth and foreign personal identity code, if applicable. \_\_\_\_\_

#### 5. Family circumstances

I am separated from my spouse/partner since \_\_\_\_\_  
Reason for separation:  End of a couple relationship. Former spouse's/partner's name and personal identity code \_\_\_\_\_  
 Other reason. Please specify: (such as education or work in another town or outside Finland) \_\_\_\_\_

I am cohabiting or married since \_\_\_\_\_  Single-parent supplement will be terminated as of the beginning of the month following the change in family circumstances.  
New spouse's/partner's name and personal identity code \_\_\_\_\_

#### 6. Move and payments from abroad

Do you or does your spouse/partner receive a benefit corresponding to the child benefit from some other country or some other benefits from abroad?

No  Yes. Please indicate the country of origin and the amount of the benefit.  
\_\_\_\_\_  
Name of the institution that pays the benefit \_\_\_\_\_

I have moved to Finland or the children have moved to Finland \_\_\_\_\_  
From which country? \_\_\_\_\_

The children are living or staying abroad. Please indicate the country and who the children are living or staying with.  
\_\_\_\_\_

Spouse's/partner's name and Finnish personal identity code / foreign personal identity code / date of birth \_\_\_\_\_  
Spouse's/partner's or family's address abroad \_\_\_\_\_

Are you or is your spouse/partner/the person with custody of the children employed abroad?  
 No  Yes. Please state which one of you and in which country. \_\_\_\_\_

I will move abroad or the children will move abroad \_\_\_\_\_

The children moved to the Åland Islands on \_\_\_\_\_

The children moved from the Åland Islands on \_\_\_\_\_


#### 7. Signature

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

Place and date \_\_\_\_\_ Signature \_\_\_\_\_

#### 8. Consent

I consent to the payment of the child benefit to the person identified in section 1.

 The child benefit cannot be paid to two persons at the same time. If the recipient is changed retroactively, the child benefit will be reclaimed from the previous recipient. Kela will ask for the consent of the previous recipient if it is not given here.

Place and date \_\_\_\_\_ Signature and personal identity code of the person giving consent \_\_\_\_\_

