



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

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



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



Please make sure to complete the form carefully. We may contact you for further information if necessary. Mail the application along with all necessary supporting documents to the address Kela, PO Box 10, 00056 KELA

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

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 _____