



More information at
www.kela.fi/tyonantajat-suomeen-palkattu-tyontekija



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 request further information as needed.

Mail the application along with all necessary supporting
documents to the address
Kela
Centre for International Affairs
PL 78
FI-00381 Helsinki
FINLAND



With this form, seasonal workers who come to Finland to work here from countries outside the EU can apply for a certificate of entitlement to medical treatment in Finland (Todistus oikeudesta hoitoetuksiin Suomessa). With the certificate, seasonal workers receive healthcare services in the public sector in Finland for a client fee.

The certificate can be granted for the period that the certificate for seasonal work or the residence permit granted by the Finnish Immigration Service or the visa for seasonal work granted by the Finnish diplomatic mission is valid.

The certificate, visa or residence permit do not need to be enclosed with the application since Kela gets the information electronically from the Finnish Immigration Service or the Ministry for Foreign Affairs.

1. Seasonal worker

Personal identity code or date of birth Family name and given name

Telephone

E-mail

Address in Finland

Street address

Postal code

Postal district

Address abroad

Street address

Postal code

Postal district

Country

2. Power of attorney

Complete this section if for instance the employer files the application on the employee's behalf. Tick one of the following alternatives.

I hereby authorise the person stated in the following to apply for a certificate of entitlement to medical treatment in Finland (Todistus oikeudesta hoitoetuksiin Suomessa) on my behalf.

I hereby authorise the person stated in the following to handle all my benefit matters with Kela - the Social Insurance Institution of Finland. (The person can, for instance, apply for benefits, submit further information, consent to amendment of a decision and report changes.)

Name of the authorised person

Date of birth or business ID

Address

Telephone

E-mail

3. Signature

Place and date

Signature and printed name of the seasonal worker