



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.

Send the form to the address
Social Insurance Institution
Centre for International Affairs
PO Box 78
FI-00381 Helsinki
FINLAND

i Complete this form if you work in Finland but your family members live in another EU or EEA country, Switzerland, Great Britain or Northern Ireland.

1. Person completing the notice

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

Telephone

E-mail

Foreign health insurance number

a. Address in Finland

Street address

Sex

Postal code

Postal district

b. Address in country of permanent residence

Street address

Postal code

Postal district

Country

2. Family members

i If there are several family members, you can state the data under section 3 (Additional information).

1. Family name and given name

Date of birth

Street address in country of permanent residence

Postal code

Postal district

Country of residence

Foreign health insurance number

Sex

2. Family name and given name Date of birth

Street address in country of permanent residence

Postal code Postal district

Country of residence

Foreign health insurance number Sex

3. Family name and given name Date of birth

Street address in country of permanent residence

Postal code Postal district

Country of residence

Foreign health insurance number Sex

4. Family name and given name Date of birth

Street address in country of permanent residence

Postal code Postal district

Country of residence

Foreign health insurance number Sex

5. Family name and given name Date of birth

Street address in country of permanent residence

Postal code Postal district

Country of residence

Foreign health insurance number Sex

3. Additional information

4. Signature

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

Place and date Signature