



You can also file the application and related documentation online: www.kela.fi/english.



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

- i** The special pregnancy allowance is one of the daily allowances for parents, and Kela pays it in the form of a daily allowance. For this reason, the allowance may also be referred to here as daily allowance for parents and daily allowance. If you have moved to Finland and you have not previously claimed benefits from Kela, also complete form Y 77e. If you are going abroad, also complete form Y 38e.

When to apply: You can apply for special pregnancy allowance if you have to stay off work before you go on pregnancy leave because your work poses a risk to your pregnancy. You can apply for special pregnancy allowance for a retroactive period of no more than 2 months from the date of your application.

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 wish to state a different address, write it in section 12 Additional information.

Name of spouse/partner

Date of birth of spouse/partner

I am living in a cohabiting relationship since _____

☐ I have no spouse or partner

2. Bank account number

3. Information about the child

Expected due date _____

Date of birth _____

4. Application

☐ I wish to apply for special pregnancy allowance for the period _____ – _____
or starting _____, as I will be completely absent from work.

☐ I wish to apply for partial special pregnancy allowance for the period _____ – _____
or starting _____, as I will be working 1-5 hours per day.

i State the additional periods at section 12 (Additional information).

Employees: In order to be granted partial special pregnancy allowance you must have an agreement on part-time work that has been concluded because your work poses a risk to your pregnancy and it has not been possible to arrange other full-time job duties for you. You may work a maximum of 5 hours per day. The working hours include all work that you do. When requested, file the agreement on part-time work with Kela.

Self-employed persons: In order to be granted partial special pregnancy allowance you must have had to shorten your working hours due to a work-related risk factor, and this causes loss of income for you. You may work a maximum of 5 hours per day. When requested, send information on the loss of income to Kela.

Employees: Have you agreed with the employer that due to a work-related risk factor your working hours are at the most 5 hours per day during the period for which you are applying for partial special pregnancy allowance?

Self-employed persons: Do you work at the most 5 hours per day due to a work-related risk factor during the period for which you are applying for partial special pregnancy allowance, and this causes loss of income for you?

☐ Yes

☐ No

5. Work-related risk factor

i This section concerns risk factors that cannot be measured. If the risk factor can be measured, the information is obtained from the medical statement.

Is the risk factor related to movements and postures, moving about, mental or physical tiredness or some other comparable factor?

☐ No. The risk factor is something else.

☐ Yes. Describe your working circumstances in more detail and how the risk factor manifests itself in your job and what type of risk it poses to your pregnancy:

6. Arranging other job duties

Has the possibility of assigning you other job duties been investigated at your workplace?

☐ Yes

☐ No



7. Residence, stay or employment abroad

Do you live or stay abroad during the time for which you are applying for special pregnancy allowance?

☐ No

☐ Yes. In which country? _____

Have you worked abroad during the year preceding the period for which you are applying for special pregnancy allowance?

☐ No

☐ Yes. In which country? _____

When? _____ – _____



Residence, stay or employment outside Finland may have an effect on parental benefits.

If you stay abroad for more than 3 months or you work or have worked even to a small extent, submit form Y 38e.

8. Information on the employment relationship or entrepreneurial activity from which you take special pregnancy leave

Are you an employee?

☐ Yes. State the name of the employer _____

☐ No

Do you do other work during the special pregnancy leave?

☐ No

☐ Yes. State the name of your employer or the name and business ID of your own company.

Do you work as a self-employed person, an agricultural entrepreneur or other entrepreneur when the special pregnancy leave starts or have you worked as such in the year preceding the start of the leave?

☐ No

☐ Yes

Name of your business: _____

Business ID: _____

9. Income during the special pregnancy leave

Pay

Complete the section Pay only if you have a valid employment relationship when the special pregnancy leave starts.



Find out from your employer if you get a wage or salary for the special pregnancy leave.

If you are applying for partial special pregnancy allowance, complete this section only if you get a wage or salary also for the special pregnancy leave and not just for the time of work.

Are you paid a wage or salary for your special pregnancy leave?

☐ No. I have confirmed this from the employer.

☐ Yes. I am paid a wage or salary for the period _____ – _____.

If you are paid a wage or salary for the special pregnancy leave, Kela will pay the allowance to your employer. The employer must apply for the allowance at the latest when the period with pay has ended.

State the name and phone number of the employer that pays your wage or salary. State primarily the phone number to the payroll office.

- ☐ Yes. I am paid the difference between the wage/salary and the allowance. Kela pays the allowance to you and no application from the employer is needed.
State the name and phone number of the employer that pays your wage or salary. State primarily the phone number to the payroll office.

Benefits from abroad

Do you get or have you applied for benefits from other countries (for instance pension, parental allowance or a benefit comparable to the parental allowance)?

- ☐ No
- ☐ Yes. State the country, the institution paying the benefit, the benefit and the amount of the benefit. Enclose the benefit decision or other documentation on the benefit from abroad.

i Inform Kela if you start getting a benefit from abroad for the same time that you get special pregnancy allowance from Kela.

10. Information affecting the amount of the special pregnancy allowance

i The amount of the special pregnancy 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 allowance period and the reference period for the annual income, and the income during this month is not taken into account when calculating the allowance.

The amount of pregnancy allowance and parental allowance paid after the period of special pregnancy allowance is calculated on the basis of the same reference period for the annual income as the special pregnancy allowance.

Kela cannot decide on the allowance until the annual income is known, i.e. the reference period for the annual income has ended. The procedure is the same also when the amount of the allowance is calculated on the basis of the income that a previous daily allowance for parents was based on. When the reference period has ended, Kela will compare which method gives you a bigger allowance. The allowance is always granted according to the calculation method that is more favourable for you.

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

It may be possible to calculate the annual income that the special pregnancy allowance is based on on the basis of the income for the last three calendar months of the reference period. This can be done if the income for the last three calendar months, multiplied by four, is 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 done one of the following. Tick the appropriate box:

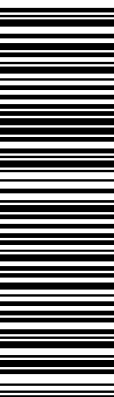
- | | |
|--|--|
| <input type="checkbox"/> I have attained vocational qualifications and taken a degree. | <input type="checkbox"/> I have performed military or non-military service. |
| <input type="checkbox"/> I have been partly or completely absent from the labour market after the period of daily allowances for parents, because I have stayed at home caring for a child under the age of 3. | <input type="checkbox"/> I have been partly or completely absent from the labour market after the period of daily allowances for parents, because I have stayed at home caring for an adopted child. |
| <input type="checkbox"/> I have been absent from work while participating in the medical care of a child under the age of 16 who is ill or disabled (home care or hospital care). | <input type="checkbox"/> I moved to Finland from another country and I was not covered by the Finnish health insurance system while living abroad. |

Are you applying for special pregnancy 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.

While you are receiving special pregnancy allowance, are you also receiving informal caregiver fee or family caregiver fee?


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



11. Enclosures

- ☐ Wage certificates or other documentation on incomes that do not appear in the Incomes Register (for instance wage or salary from abroad). We may request further information as needed.
 - ☐ Certificate of pregnancy, form SV 75
 - ☐ Form SV 97 completed by a doctor
 - ☐ Form SV 96e completed by the employer
 - ☐ Other enclosures. Please specify.
-

12. 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.

13. 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. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us 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.

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