



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.

## 1. Person completing the notification

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

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

## 2. Reason for the notification

a. ☐ I wish to cancel the parental allowance I applied for earlier for the period \_\_\_\_\_ – \_\_\_\_\_

☐ I give my consent for the recovery of the benefit for the days for which the benefit is cancelled and for which the benefit has already been paid to me.

**i** If there are several periods for which the benefit is cancelled, state the other periods at section 3 Additional information. If you cancel the benefit for days for which the benefit has already been paid to you, you will have to pay back the benefit for the days for which you have cancelled the benefit. You will get a separate decision on the recovery of the benefit and instructions for payment. If you do not want to pay back the benefit, you cannot cancel the benefit for days for which it has already been paid and for which you have had the right to the benefit.

b. ☐ Giving up days of parental allowance for the benefit of someone else:

The child's date of birth \_\_\_\_\_

The person is

- ☐ my spouse/partner  
☐ the child's other parent, who is not my spouse/partner  
☐ the spouse/partner of the child's other parent  
☐ another person who is the legal guardian of the child.

**I have agreed with the aforementioned person to give up days of parental allowance:**

- ☐ Yes  
☐ No

I give up \_\_\_\_\_ days of parental allowance. (State the number of days.)

**Person for the benefit of whom I give up days of parental allowance:**

Family name and given name \_\_\_\_\_

Date of birth \_\_\_\_\_

c. ☐ **Cancellation of turnover:**

I wish to cancel the turnover of days that I reported earlier.

I will not after all give up \_\_\_\_\_ days of parental allowance for the benefit of someone else. (State the number of days.)

**Person whom the notification of cancellation of turnover of days of parental allowance concerns:**

Family name and given name \_\_\_\_\_

Date of birth \_\_\_\_\_

d. ☐ **Notification of benefit from abroad:**

Name of the institution that pays the benefit: \_\_\_\_\_

Country: \_\_\_\_\_

Amount of benefit: \_\_\_\_\_

Date of granting the benefit: \_\_\_\_\_

Benefit: ⓘ Enclose the benefit decision or other documentation on the benefit.

e. ☐ **Other reason:**

Please specify \_\_\_\_\_

**3. 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.

**4. 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

