



You can also complete the form and file related documentation online at [www.kela.fi/omakela](http://www.kela.fi/omakela) (in Finnish) or [www.fpa.fi/mittfpa](http://www.fpa.fi/mittfpa) (in Swedish).

More information is available at [www.kela.fi/from-other-countries-to-finland-quick-guide](http://www.kela.fi/from-other-countries-to-finland-quick-guide)



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



Please make sure to complete the form carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

Send the form and any supporting documents by mail.

The address is

Social Insurance Institution  
Centre for International Affairs  
PO Box 78  
FI-00381 Helsinki  
FINLAND

**i** Use this form when you move to Finland or work in Finland. In addition, also complete an application for a benefit or a Kela card.

## 1. Applicant

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

Address in Finland

Postal code

Postal district

Latest address abroad

Phone number

E-mail

Social insurance number abroad

## 2. Moving to Finland

From which country did you move to Finland? \_\_\_\_\_

When did you move to Finland? \_\_\_\_\_

I am in Finland  for the following period \_\_\_\_\_ - \_\_\_\_\_

**i** If you do not know the exact dates, you can give estimated dates for your residence in Finland.

for the time being

I am a return migrant.

**i** You can go on to section 5. Children.

## 3. Family circumstances

Married

Cohabiting since \_\_\_\_\_

Registered partnership

Family name and given name of your spouse/partner

Personal identity code or date of birth

#### 4. Reason for moving to Finland

- i** Fill in sub-sections a-f as applicable to your situation.  
See section 7. Enclosures for details about the required documentation.

##### a. Work

I will work in Finland  on a permanent basis starting \_\_\_\_\_  
 for the period \_\_\_\_\_ - \_\_\_\_\_

as a paid employee.

as self-employed. **i** Check your liability to arrange pension insurance for self-employed persons with a pension insurance company. Kela gets information on the granted pension insurance policy for self-employed persons from the pension insurance company.

as a posted worker or self-employed person.

as a staff member of an international organisation. Specify the organisation. \_\_\_\_\_

performing some other kind of work. Please specify. \_\_\_\_\_

I am not moving to Finland, but I will work for a Finnish employer, for instance as a seaman.

Are you still in paid employment or self-employed in some other country than Finland?

No. State when your work or self-employment in that country ended. \_\_\_\_\_

Yes. Specify the country. \_\_\_\_\_

Indicate whether you are working  Only in Finland.

Wholly or partly abroad. State how your working hours are divided up.  
\_\_\_\_\_

I am actually not working even though my employment relationship is still in force.

How often will you visit your home country? \_\_\_\_\_

##### b. Education

I am a full-time student in Finland.

##### c. Research and employment supported by a grant

I will conduct research. Please provide documentation.

I will be in employment supported by a grant. Enclose the decision on this.

**i** If you are being paid the grant from Finland, contact Mela (Farmers' Social Insurance Institution) to find out whether your grant is subject to insurance under the MYEL (Farmers' Pensions) Act. See [www.mela.fi](http://www.mela.fi) for more information.

Place of work: \_\_\_\_\_

Will you do other work besides research?

No  Yes

##### d. Family member living in Finland

Family name and given name of the family member living in Finland \_\_\_\_\_

Personal identity code \_\_\_\_\_

Family relationship \_\_\_\_\_  
\_\_\_\_\_

##### e. Pension recipient

Do you receive a pension from some other country than Finland?

No  Yes. Provide information on the pension under section 6.

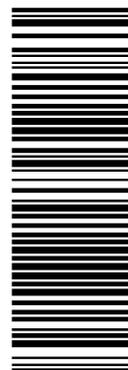
Do you have a foreign health insurance card corresponding to the Kela card?

No  Yes. If you have used the card after coming to Finland, provide details under section 8 on when and at which healthcare unit you used the card.

**i** After coming to Finland you should only use the Kela card and a European Health Insurance Card (EHIC) granted by Kela.

##### f. Refugee

Yes



**g. Other reason**

**i** You can use this space to tell us about your reasons for moving to Finland and your ties to Finland.

**5. Children**

**i** List all children who are under 18, who are moving to Finland and who are in your care and custody.

Family name and given name	Personal identity code or date of birth
_____	_____
Date of moving _____	
Family name and given name	Personal identity code or date of birth
_____	_____
Date of moving _____	
Family name and given name	Personal identity code or date of birth
_____	_____
Date of moving _____	
Family name and given name	Personal identity code or date of birth
_____	_____
Date of moving _____	

**6. Coverage under the social security system of another country**

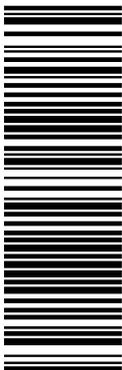
Have you worked in your previous country of residence?

No       Yes. End date of the work there \_\_\_\_\_

Are you being or have you been paid a social security benefit (for example a daily allowance, child benefit or pension) from another country?

No       Yes. Specify the benefit.

Payment of the benefit continues  
 Payment of the benefit will end or ended on \_\_\_\_\_  
Name and address of the institution paying or having paid the benefit:



## 7. Enclosures

- Kela obtains information on your employment from the national incomes register starting 1 January 2019. Depending on the extent of the information reported to the national incomes register, we may ask for further information about your employment, when needed.

### Section 4. Reason for moving to Finland

#### c. Research and employment supported by a grant

- Grant recipients: If you receive a grant from Finland, enclose the decision on the grant and the decision from the Farmers' Social Insurance Institution (Mela) on insurance under the MYEL pensions act.
- Grant recipients: If you receive a grant from abroad, enclose the decision on the grant.
- Research: If you do not receive a grant, enclose documentation on the research work from the research institute.

#### Other enclosure

- Please specify:
- 

## 8. 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 or date of birth on the sheet.

## 9. 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 of the applicant

The information you have provided may be used for other benefit determinations, if so required under law. Conversely, any information obtained within the context of another benefit may be used to decide the present matter.

Please contact Kela 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.

