Reset form

Kela

Application
European Health Insurance Card

SV 193e

You can also complete the application online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish)

More information is available at: www.kela.fi/web/en/european-health-insurance-card

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 application by mail. The address is Kela, PL 10, 00056 KELA.

Complete this application when you apply for a European Health Insurance Card for the first time or if you have lost your previous card.
It is not necessary to complete this application if you already have a European Health Insurance Card. Kela automatically sends you a new card when your current card is about to expire, provided you are still entitled to the card.

1. Applicant

Personal identity code or date of birth

Family name and given name

Telephone

E-mail

Kela retrieves address data from the population data system.
State your address, however, if you have not reported it to the Digital and Population Data Services Agency.

Address

Postal number

Postal district

2. Additional information

3. Signature

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

Place and date

Signature

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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