



More information is available at [www.kela.fi/pension](http://www.kela.fi/pension)



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



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

We may contact you for further information if necessary.

Please send the form and any documents you wish to append to it to:

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

## 1. Information about the recipient of the pension

Finnish personal identity code    Family name and given name

Telephone

E-mail

Foreign personal identity code

## 2. Family circumstances

I am

married

single

cohabiting

separated

living in a registered partnership

widowed

My family circumstances are as indicated above since \_\_\_\_\_.\_\_\_\_\_.



Spouse or partner means a person married to, cohabiting with or living in a registered partnership with another person. Starting 1 March 2017, cohabitation can also refer to same-sex partners.

Finnish personal identity code or date of birth of spouse

Spouse's family name and given name

Spouse's foreign personal identity code

If you are separated from your spouse, indicate the date of separation. \_\_\_\_\_.\_\_\_\_\_.

Reason for separation

Relationship has ended

Institutional care. Enclose details.

Other reason, please specify:

### 3. Pensions and compensations

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- i** State all pensions and compensations that you receive from other countries than Finland. Pensions and compensations from Finland need not be stated.

Do you receive or have you applied for pension or compensation from outside Finland?

- I receive a pension or compensation; please specify from which country and the provider institution, and the start date of payment. Enclose details.

- I apply for a pension or compensation; please specify from which country and the provider institution, and the start date of payment.

- I do not receive/I no longer receive a pension or compensation because the payment of the pension or compensation has ended. Please indicate the reason for the end of payment and from which date payment ended.
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### 4. Other income

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- i** Complete this section only if you receive or have applied for a disability pension or additional amount of the spouse's continuing pension from Kela.  
As of 1 January 2019, Kela receives information on wages and salaries, compensations for acting in a position of trust, copyright royalties and fees of informal caregivers from the national incomes register.

a. Do you have income from employment or self-employment?

- Yes. Income (before taxes): € \_\_\_\_\_ per month, including fringe benefits.

Will be paid/was paid for the first time \_\_\_\_\_.\_\_\_\_\_.

Period of employment: \_\_\_\_\_-\_\_\_\_\_.

- No

b. Do you have other income (such as daily allowances, income from interest or other income from capital)?

- Yes. Enclose details.

- No

### 5. Enclosures

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- i** In the enclosed documents, the income should be stated to its gross amount, i.e. before taxes. Copies are acceptable.

#### Section 2. Family circumstances

- Statement indicating own or spouse's institutional care, and the start date and duration of the institutional care.

#### Section 3. Pensions and compensations

- Decision, payment notification or certificate from the payer, indicating the current gross amount of the pension or compensation.

#### Section 4. Other income

- b. Decision, certificate from the payer or other documentation indicating the current gross amount of the income.

#### Section 8. Signature

- Power of attorney, certificate concerning legal representative or trustee.

## 6. Additional information

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**i** State new personal details, for instance, if your name, address, country of residence or citizenship has changed.

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## 7. Consent

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**i** Kela can on your behalf request details on your pension or compensation from the foreign payer of the pension or compensation. You may withdraw your consent at any time.

Do you give your consent for pension providers or other institutions outside Finland to provide Kela with information about your pension or other benefits that is not automatically supplied to Kela under the EU regulations? Please tick one of the following options.

Yes

No

## 8. Signature

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

Place and date

Signature

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If the form has not been signed by the pension recipient please state the reason. Enclose details.

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Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, 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.