


 Further information at www.tyoelake.fi or www.kela.fi. Please also consult the instructions for pension applicants (ETK/Kela 7007oe).

 For further questions, call your pension provider or Kela's customer service number www.kela.fi/phone-numbers

 Please make sure to complete the application carefully. Attach all necessary documentation. We may contact you for further information if necessary. You can send the application and any documents you wish to append to it to any pension provider or its customer service point, to the Finnish Centre for Pensions (Eläketurvakeskus) or to Kela.

With this form you can apply for a survivors' pension for the surviving spouse or the former spouse from the authorised pension provider and from Kela as well as from other EU or EEA countries or Switzerland or a country that has concluded a social security agreement with Finland.

 If you also apply for a survivors' pension for a child, please complete a separate application for each child (Orphan's pension ETK/Kela 7005e).

1. Applicant

Personal identity code Family name

Given names

Street address

Postal code

Postal district

Phone number

E-mail

Country of residence

Have you lived or worked in some other country than Finland?

No Yes. Complete Appendix U. See section 11 (Enclosures).

Date of marriage or registration of partnership

Do you (or did you) have a child in common with the deceased?

No Yes

2. Bank account details for the applicant

International bank account number (IBAN)

BIC code



3. The deceased

Personal identity code of the deceased _____ Family name _____

Given names _____

Date of death _____

Was the deceased person's death due to a traffic accident, a rail traffic accident, an accident at work, an occupational disease or a patient injury?

No Yes. Please state the name of the insurance company _____

Has the deceased lived or worked in some other country than Finland?

No Yes. Please complete Appendix U with the details for the deceased. See section 11 (Enclosures).

4. Earnings-related pension on account of the deceased person's paid employment or self-employment

I wish to apply for a surviving spouse's pension.

I wish to apply for a surviving spouse's pension for a former spouse. Please provide documentation. See section 11 (Enclosures).

5. Pension from Kela (only available to surviving spouses under the age of 65)

I wish to apply for an initial pension for surviving spouses (paid for 6 months after the deceased person's death).

Did at the time of death of the deceased you or the deceased person's child under the age of 18 who still lives with you in the same household live in your household?

No Yes. I wish to apply for the basic amount of the spouse's continuing pension. (Paid until the child reaches the age of 18 years.)

6. Pension from another EU or EEA country or Switzerland or a country that has concluded a social security agreement with Finland

I wish to apply for a surviving spouse's pension. From which country/countries?

i If you apply for a pension from a country that has concluded a social security agreement with Finland the Finnish Centre for Pensions will send you a separate application form for the agreement country. To speed up the processing of your case you can also print the application form (www.tyoelake.fi) and send the form to the Finnish Centre for Pensions.

7. Information about the deceased for the calculation of the earnings-related pension

i Complete this section if the deceased did not receive any earnings-related pension.

Name, address and phone number of the deceased person's latest employer:

Employment relationship started _____

Employment relationship ended _____

Did the deceased during the two previous years receive any pensions, compensations or benefits (e.g. rehabilitation allowance, sickness allowance or unemployment allowance)?

No Yes. Specify the benefits, the payer and the period for which they were paid.

Did the deceased take unpaid parental leave or child care leave during the previous ten years?

No Yes; please specify when.



8. Information about the applicant needed for the calculation of the pension

i Complete this section if you do not receive any earnings-related pension in your own right.

Name, address and phone number of your latest employer:

Employment relationship started _____._____._____ Employment relationship ended _____._____._____

Have you been self-employed?

No Yes. Line of business and type of company:

Self-employment started _____._____._____ Self-employment ended _____._____._____

Have you received any grants for artistic or scientific work during the previous two years?

No Yes

Have you during the previous two years received sickness allowance, unemployment allowance, parental allowance, job alternation compensation or other comparable benefits?

No
 Yes. Specify the benefit and the time period. Specify the payer.

Has your income decreased considerably for some other reason during the previous year?

No Yes. Please specify the reason:

9. Applicant's other compensations and pensions

Do you receive or apply for some other compensation or pension from Finland or some other country?

No
 I receive a pension or compensation. Specify the pension/compensation and the start date. Also specify the country and the institution. Enclose certificate or decision. See section 11 (Enclosures).

Application pending. Specify the compensation/pension, the country and the company to which you submitted the application.

10. Legal representative

I have no legal representative.
 I have a legal representative. See section 11 (Enclosures).
 Application for a legal representative is pending.
 I have issued a power of attorney concerning legal representation and the power of attorney has been confirmed. See section 11 (Enclosures).

11. Enclosures

Section 1. Applicant

Appendix U with details on the applicant (Residence and employment abroad, ETK/Kela 7110e)

Section 3. The deceased

Appendix U with details on the deceased (Residence and employment abroad, ETK/Kela 7110e)

Section 4. Earnings-related pension

An agreement confirmed by the municipal social welfare board or a court judgment concerning maintenance payments to a former spouse.

Section 9. Applicant's other compensations and pensions

Copy of the decision, notice of payment or a certificate from the payer, stating the current gross amount per month of your pensions and compensations from other countries. No certificates are needed regarding your Finnish pensions and compensations.

Section 10. Legal representative

Copy of the decision on legal representation.

Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.


Section 13. Signature

Certificate from the bank, stating that the account is the surviving spouse's account if the application is signed by someone else than the applicant or the applicant's legal representative.

Other enclosure

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

Language in which you wish to receive the decision: Finnish Swedish

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

Date

Signature and printed name

If this form is not signed by the applicant, please explain why it was signed by someone else and state the signatory's phone number.

Information obtained in the course of processing the application is stored in the registers of Kela, the Finnish Centre for Pensions and the individual pension providers.

Further information on the registration of your data can be obtained from the aforementioned institutions.

