

## Kela/Statutory earnings-related pension scheme Residence and employment abroad

For official use: Document received

Applicant's personal identity code

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**1 Applicant / Deceased**

Family name and given names of the applicant	
Family name and given names of the deceased (applicable only to survivors' pensions)	Personal identity code
To enable the processing of the application for a survivors' pension, indicate whom the information reported concerns: <input type="checkbox"/> the deceased <input type="checkbox"/> the applicant for a survivors' pension	

**2 Residence and employment in an EU/EEA country or a country with a social security agreement with Finland**

Provide a full account of employment, residence or education in an EU/EEA country or a country with a social security agreement with Finland. The information you provide will be used for the calculation of pensions and the determination of your periods of residence in Finland. In EU/EEA countries and countries with a social security agreement with Finland, pension benefits are accrued through employment. In the Nordic countries and in the Netherlands, Canada, Australia and Israel, pension benefits are accrued also for residence. Residence in other EU/EEA countries and countries with a social security agreement with Finland may have consequences for the national pension.

<b>2.1</b> <b>Period of residence abroad</b> a) Start date: b) End date:	<b>2.3</b> <b>Occupation carried out, name</b> and registered office of employer, activity as self-employed, <b>name of educational institution</b> attended, or <b>other reason</b> for residence abroad <b>2.4</b> <b>Country and locality</b> <b>In the case of maritime work</b> , the flag state of the vessel <b>Place of domicile</b> during education or other residence abroad	<b>2.5</b> a) Name of insurance provider or scheme b) <b>Foreign personal identity number, insurance number or other identification code</b> c) Type of insurance	<b>2.6</b> a) Latest address or place of residence in the country concerned b) Municipality of departure in Finland c) Municipality of return in Finland
<b>2.1</b> a)	<b>2.3</b>	a)	a)
b)		b)	b)
<b>2.2</b> <input type="checkbox"/> Employment <input type="checkbox"/> Residence <input type="checkbox"/> Other reason	<b>2.4</b>	c)	c)
<b>2.1</b> a)		a)	a)
b)	<b>2.3</b>	b)	b)
<b>2.2</b> <input type="checkbox"/> Employment <input type="checkbox"/> Residence <input type="checkbox"/> Other reason		c)	c)
<b>2.1</b> a)	<b>2.3</b>	a)	a)
b)		b)	b)
<b>2.2</b> <input type="checkbox"/> Employment <input type="checkbox"/> Residence <input type="checkbox"/> Other reason	<b>2.4</b>	c)	c)
<b>2.1</b> a)		a)	a)
b)	<b>2.3</b>	b)	b)
<b>2.2</b> <input type="checkbox"/> Employment <input type="checkbox"/> Residence <input type="checkbox"/> Other reason		c)	c)

### 3 Residence and employment in other than EU/EEA countries or countries with a social security agreement with Finland

In addition to the details provided in section 2, Kela and the earnings-related pension providers require information about any periods you have lived in other than EU/EEA countries or countries with a social security agreement with Finland. This information is used for determining the length of your residence in Finland and its effect on the national pension. It may also have relevance for any survivors' pension payable under the earnings-related pension scheme.

Country of employment or residence	Reason for residence abroad a) Employment b) Residence c) Other reason – please specify	Date of moving from Finland	Date of return to Finland	Municipality of departure in Finland	Municipality of return in Finland

### 4 Initial move to Finland

If you were born outside Finland, state the date on which you first moved to Finland.

### 5 Additional information

If a period of employment you have reported in section 2 or 3 has consisted of work performed as an employee posted from Finland, as a missionary worker, or as a development aid worker, provide details about the various reasons for employment here (country and period). You may also use this space to provide further details about other aspects of your residence abroad.

### 6 Statement of consent

Do you give your consent for foreign insurance providers or other institutions to provide Kela with information concerning your old-age, disability or survivors' pension or comparable benefits, and about their amounts and starting dates, in the event that such information is not automatically supplied to Kela under the EU regulations?

Yes  No

### 7 Signature

I declare that the information I have given above is true and accurate.

Date Signature and printed name of the applicant Telephone

If this form is not signed by the applicant, please explain why in section 5.