



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



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



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

We may contact you for further information if necessary. Send the claim and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

- i** If you have not previously claimed benefits from Kela and have moved to Finland, also complete form Y 77e. If you are about to travel abroad, also complete form Y 38e.

If you are being treated in a public hospital or home for the elderly you are not entitled to reimbursement for medical care expenses incurred during this time.

Apply for reimbursement for travel expenses online at [www.kela.fi/omakela](http://www.kela.fi/omakela) (in Finnish) or on form SV 4e (Claim – Reimbursement for travel expenses).

Apply for reimbursement for medical care expenses incurred abroad on form SV 128e (Claim – Medical care expenses incurred abroad).

Apply for reimbursement for medicine expenses incurred in Finland on form SV 178e (Claim – Medicine expenses incurred in Finland).

**When to claim:** Within 6 months of the original payment.

### 1. Claimant

- i** Person for whose costs reimbursement is claimed.

Personal identity code

Family name and given name

Telephone

E-mail

- i** Kela retrieves address data from the population data system.

### 2. Account number

- i** Indicate the authorised person's/employer's account number in section 6. If you have an account with a foreign bank, please also state the BIC code of your bank.


### 3. Expenses incurred

The expenses resulted from  a traffic accident  an occupational injury

Name of insurance company \_\_\_\_\_

- i** Also complete form SV 143e Accident report.

#### 4. Enclosures

 If you need copies of the documents, take the copies before submitting the claim to Kela or the workplace sickness fund.

#### What to enclose with your claim:

- statements indicating the type of treatment provided by a doctor or dentist.
- referrals for treatment or examination, and statements listing the treatments provided on the basis of the referrals.

#### 5. Signature

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

Place and date

Signature, printed name and phone number of the claimant, his/her legal guardian or representative, close relative or other person with main responsibility for the welfare of the claimant

#### 6. Power of attorney

I authorise the person or employer named below to collect any reimbursements awarded to me.

Name and personal identity code of the authorised person or name and business ID of the authorised employer

Address of the authorised person or employer

Postal number

Postal district

Bank account number of the authorised person/employer

Name and telephone number of employer's representative

Place and date

Signature and printed name of the claimant or his/her legal guardian or representative

