



More information is available at
www.kela.fi/sickness



If you have questions, please call our customer
service number www.kela.fi/phone-numbers



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

We may contact you for further information if necessary.

You can send the claim and any supporting documents
by mail www.kela.fi/by-mail

i If you have not previously claimed benefits from Kela and you have moved to Finland, also complete form Y 77e.
If you are about to travel abroad, also complete form Y 38e (see the form for instructions).

When to claim Within 6 months of the original payment.

1 Claimant Person for whose costs reimbursement is claimed.	Personal identity code	Family name and given name	
	<input type="text"/>		
	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 5. 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 <input type="checkbox"/> a traffic accident		<input type="checkbox"/> an occupational injury
	Name of insurance company _____		
	i Also complete form SV 143e Accident report.		
4 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	
5 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	

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.

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

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 (www.kela.fi/asiointi) 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.