



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 application carefully.
We may contact you for further information if necessary.

Please send the application to:

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

- i** With this form you can ask Kela to determine your entitlement to medical care when
- you move to Finland or stay in Finland
 - you work in Finland but live in another EU or EEA country or in Switzerland.

Kela also determines whether Finland will cover your medical care costs.

1. Applicant

Personal identity code or
date of birth

Family name and given name

Telephone

E-mail

Foreign health insurance number (if known)

Sex

a. Address in Finland

Street address

Postal code

Postal district

b. Address abroad

i Complete this section if you do not move to Finland on a permanent basis.

Street address

Postal code

Postal district

Country

2. Entitlement to medical care

I request a determination of my entitlement to

medical care in the Finnish public healthcare system

i Kela determines your entitlement to a certificate of entitlement to medical care in Finland.

a certificate of entitlement to medical care (S1) issued by Kela

i Kela can investigate your entitlement to a certificate S1 if you are working in Finland as an employee or as a self-employed person or for a Finnish employer (e.g. as a seaman) but you live in another EU or EEA country or in Switzerland.

a European Health Insurance Card granted by Kela

Moving to Finland

From which country did you move to Finland? _____

When did you move to Finland? _____._____._____

I am in Finland for the following period _____._____._____ - _____._____._____

i If you do not know the exact dates, you can give estimated dates for your residence in Finland.

for the time being

I am a return migrant.

i Please go on to section 6. Children. If you are a pensioner, please go to section 5 e.

4. Family circumstances

Married Single Cohabiting since _____._____._____

Divorced Registered partnership Widowed

Family name and given name of your spouse/partner _____ Personal identity code or date of birth _____

i You must also complete Kela's form SV 142e (Notice - Determination of entitlement to medical care of a family member who is resident abroad) if you work in Finland but your family members live in another EU or EEA country or in Switzerland.

5. Reason for moving to Finland

i Please fill in subsections a-f as applicable to your situation.
See section 8. Enclosures for details about the required documentation.

a. Work

I will work in Finland on a permanent basis starting _____._____._____

for the period _____._____._____ - _____._____._____

as a paid employee. as self-employed.

as a posted worker or self-employed person.

i If you work in Finland as a worker, self-employed person or civil servant posted to Finland from another EU or EEA country or from Switzerland, you must enclose a certificate A1 issued by the sending country with your application. If the employment continues for more than 1 year, you must also enclose a certificate of entitlement to medical care (S1 or E 106) issued by the sending country. If you come from another Nordic country or the United Kingdom, you need not enclose the certificate.

as a staff member of an international organisation. Which organisation? _____

performing some other kind of work. Please specify. _____

Will you continue to work in some other country than Finland?

No. When did you end your work or self-employment in that country? _____._____._____

Yes. Which country? _____

I am not moving to Finland, but I will work for a Finnish employer, for instance as a seaman.

How often will you visit your home country?

b. Education

I am a full-time student in Finland.

c. Research or employment supported by a grant

I will conduct research.

I will be in employment supported by a grant.

i If you are being paid the grant from Finland, contact Mela (Farmers' Social Insurance Institution) to find out whether your grant is subject to insurance under the MYEL (Farmers' Pensions) Act. See www.mela.fi for more information.

Place of work: _____

Will you do other work besides research?

No Yes

d. Family member living in Finland

Family name and given name of the family member living in Finland

Personal identity code

Family relationship

e. Pension recipient

Do you receive a pension from some other country than Finland?

No Yes. Which country and what type of pension?

i If you do not receive a pension from Finland but you receive a pension from another EU or EEA country or from Switzerland, you must enclose a certificate on entitlement to medical care (S1 or E 121) issued by the country paying the pension with the application. You need not enclose the certificate if you receive a pension from another Nordic country or from the United Kingdom.

f. Other reason (e.g. refugee, asylum seeker)

i You can use this space to tell about your reasons for moving to Finland and your ties to Finland.

6. Children

i Please list all children who are under 18, who are moving to Finland and who are in your care and custody.

Family name and given name

Personal identity code or date of birth

Date of moving _____._____._____

Family name and given name

Personal identity code or date of birth

Date of moving _____._____._____

Family name and given name

Personal identity code or date of birth

Date of moving _____._____._____

Family name and given name

Personal identity code or date of birth

Date of moving _____._____._____

7. Coverage under the social security system of another country

Have you worked in your previous country of residence?

No Yes. I ended work there on _____._____._____

Are you being or have you been paid a social security benefit (for example a daily allowance, child benefit or pension) from another country?


No Yes. Which benefit?

Payment of the benefit continues.

Payment of the benefit will end/ended on _____._____._____

Name and address of the institution paying/having paid the benefit:

8. Enclosures

-  Kela obtains information on your employment from the national incomes register starting 1 January 2019. Depending on the extent of the information reported to the national incomes register, we may ask for further information about your employment, when needed.

Section 5. Reason for moving to Finland

a. Work

Self-employed persons: Proof of enrolment in the pension insurance scheme for self-employed persons.

Posted workers or self-employed persons: Certificate of posting (A1) from your country of origin.

Certificate of entitlement to medical care (S1 or E106) issued by the sending country if the employment continues for more than 1 year and the sending country is some other country than another Nordic country or the United Kingdom..

c. Research or employment supported by a grant

Grant recipients: Decision concerning the award of the grant.

e. Pension recipient


Certificate E121/S1 issued by the country paying the pension. Not needed for the Nordic countries or the United Kingdom.

Other document

Please specify: _____

If you wish that Kela requests a certificate of entitlement to medical care (S1, E 106 or E 121) on your behalf from the health insurance institution in the other country, please state the name of the health insurance institution.

9. 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 or date of birth on the sheet.

10. Signature

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

Place and date

Signature and printed name of the applicant

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