



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



Please make sure to complete the form carefully.  
We may contact you for further information if necessary.



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

Please send the application and the supporting documentation 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 and a certificate on the entitlement to medical care when
- you move to Finland
  - you work in Finland but live in another EU or EEA country, Switzerland, Great Britain or Northern Ireland.

Also complete

- **form Y 77e**, which provides Kela with information on your stay or employment in Finland. Please list on form Y 77e also any children who are under 18, who are moving to Finland and who are in your care and custody. You can complete the form and send the supporting documentation also online at [www.kela.fi/omakela](http://www.kela.fi/omakela) (in Finnish) or [www.fpa.fi/mittfpa](http://www.fpa.fi/mittfpa) (in Swedish).

- **form SV 142e** if you work in Finland but your family members live in another EU or EEA country or in Switzerland, Great Britain or Northern Ireland and they are not themselves working or receiving a pension.

## 1. Applicant

Personal identity code or date of birth      Family name and given name

Telephone

E-mail

Foreign health insurance number (if known)

### a. Address in Finland

Street address

Postal code

Postal district

### b. Address abroad

**i** If you move to Finland permanently, you need not complete this section.

Street address

Postal code

Postal district

Country

## 2. Spouse/partner

**i** If your spouse/partner is moving to Finland together with you, please state the details about him or her in this section.

Family name and given name

Personal identity code

**i** Your spouse/partner must also himself/herself report the stay in Finland on form Y 77e and ask Kela to determine the entitlement to medical care with form SV 141e.

### 3. Enclosures

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Form Y 77e (Notification - Moving to Finland)

**i** Complete the form if you have not yet informed Kela about your move to Finland or the employment in Finland.

Other document(s), please specify:

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**i** Kela obtains information on your employment from the national incomes register. We may contact you for further information if necessary.

### 4. Additional information

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### 5. Signature

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Place and date

Signature

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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.