



You can file the application also online at www.kela.fi/asiointi (in Finnish) or www.fpa.fi/etjanst (in Swedish).
More information is available at www.kela.fi/web/en/european-health-insurance-card



Please make sure to complete the application carefully.
We may contact you for further information if necessary.
You can send the application by mail www.kela.fi/by-mail



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

- i** Complete this application when you apply for a European Health Insurance Card for the first time or if you have lost your previous card.
It is not necessary to complete this application if you already have a European Health Insurance Card. Kela automatically sends you a new card when your current card is about to expire, provided you are still entitled to the card.

1. Applicant

Personal identity code or date of birth

Family name and given name

Telephone

E-mail

- i** Kela retrieves address data from the population data system.
State your address, however, if you have not reported it to the local registry office.

Address

Postal number

Postal district

2. Additional information

3. Signature

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

Date

Signature

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.