



You can also complete the claim and file related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish). More information is available at www.kela.fi/sickness.

You can calculate the amount of the benefit at www.kela.fi/laskurit (in Finnish) or www.fpa.fi/berakningar (in Swedish).



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

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.



If you have questions, please call our customer service number (www.kela.fi/call-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 (see the form for instructions).

In case of an accident at work, an occupational disease or a traffic accident, compensation should primarily be claimed from the insurance company.

If the incapacity for work is caused by a military injury, compensation should be claimed from the State Treasury.

When to claim: Within 2 months of the onset of work incapacity / absence from work.

1. Information about the claimant

Personal identity code

Family name and given name

Telephone number

E-mail

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

2. Account number

3. Claim

Which benefit are you claiming? Indicate one or more alternatives.

- Sickness allowance
 Partial sickness allowance
- Allowance for self-employed persons insured under YEL during the waiting period
 Allowance from the Farmers' Social Insurance Institution for persons insured under MYEL during the waiting period
- Sickness allowance on account of an infectious disease. Please go directly to section 11.
 Sickness allowance on account of human cell, tissue or organ donation.

4. Period of illness

Period of illness _____ - _____ (from the start of the illness)

Is the incapacity for work due to an accident, an occupational disease, a traffic accident or an injury due to a crime?

- No Yes. Please also complete the enclosed **Accident report**.

5. Work or other activity

Describe what your work consists of.

Have you immediately before the period of illness been

a. an employee?

 No

Yes; occupation and current job

Name of the employers

Employment relationship
started

Employment relationship
ended

b. a self-employed person, agricultural entrepreneur or other entrepreneur?

 No

Yes; name, company form, line of business and business ID (Y-tunnus) of the company

c. registered with the TE Services (The Employment and Economic Development Office) as an unemployed jobseeker?

 No

Yes; in which occupation are you looking for work?

d. a full-time student?

 No

Yes; where?

e. other?

 No

Yes; Please specify what kind of work you have done.

6. Effect of the illness or injury on work capacity

Describe how the illness or disability affects your work capacity.

7. Need of rehabilitation

Have you discussed the need of rehabilitation with your doctor?

 No

Yes; please specify what you have agreed on. If you have already participated in rehabilitation, please describe what the rehabilitation involved.



8. Income during the period of illness

Do you receive sick pay?

- No Yes. The employer reports the sick pay to Kela via the e-service for employers, via the national incomes register or on form Y 17e (Employer's pay report).

Name and contact information of your employer

Do you receive or have you claimed compensation or pension for the period of illness from abroad?

- No Yes; please indicate the pension/compensation and the payer.

9. Information that affects the amount of the sickness allowance

i The sickness allowance is calculated on the basis of your annual income. Annual income means your incomes during a period of 12 calendar months. This period is called the reference period. There is, however, a 1 month gap between the start of the allowance period and the reference period, and the income during this month is not taken into account.

Kela receives information on incomes from the national incomes register, the pension providers and the benefit payers. We ask for further information on your incomes on this form.

Read more at www.kela.fi/sickness-allowance-amount-and-payment.

While you are receiving the allowance, are you also receiving an informal caregiver fee or a family caregiver fee?

- No Yes; for the time being.
 Yes; the payment will continue until _____.

Were you insured under the YEL or MYEL Act during the reference period?

- No Yes

Did you receive sickness allowance from the Farmers' Social Insurance Institution (Mela) during the reference period?

- No Yes. Enclose a copy of the decision sent to you by Mela in which you were granted sickness allowance.

Did you during the reference period receive earnings-related unemployment allowance from an unemployment fund?

- No Yes; I have applied for or received earnings-related unemployment allowance for the following period:

i If you have received earnings-related unemployment allowance in several periods, for instance due to temporary lay-off, please indicate the periods under Additional information.

The annual income that the sickness allowance is based on may be calculated on the basis of the income for the last three calendar months of the reference period. One requirement is that the income for the last three calendar months, multiplied by four, must be at least 20% higher than the annual income calculated on the basis of the full 12 calendar months. A further requirement is that you during the reference period have

- | | |
|---|--|
| <input type="checkbox"/> attained vocational qualifications and taken a degree | <input type="checkbox"/> performed military or alternative civilian service |
| <input type="checkbox"/> been partly or completely absent from the labour market after the period of allowances for parents because of caring for your under 3-year-old child at home | <input type="checkbox"/> been partly or completely absent from the labour market after the period of allowances for parents because of caring for your adopted child at home |
| <input type="checkbox"/> been absent from work because of participation in the medical care of your under 16-year old child who is ill / disabled (home care or hospital care) | <input type="checkbox"/> moved to Finland from another country and you were not covered by the Finnish health insurance system while living abroad |

Are you applying for allowance on the basis of your income for the last three calendar months of the reference period?

- No Yes (state the reason under the previous section)

10. Part-time work and pay. Only complete if you are claiming partial sickness allowance.

Employee

i Full-time employment means the regular hours of work applied in the industry for full-time employees.

Please describe your employment status:

- Full-time employment
 Part-time employment employed by a single employer employed by several employers

Enclose the agreement with the employer concerning the part-time employment.

The agreement must indicate the agreed working hours and the part-time pay.

Self-employed persons

- I typically work full time. I will work fewer hours during the following period: _____

Describe how you will shorten your working hours by 40–60%. Will, for instance, somebody else do part of your work?

11. Sickness allowance on account of an infectious disease. Only complete if you are claiming sickness allowance on account of an infectious disease.

i Please state the period of time for which you have received a decision by the doctor responsible, in your municipality or hospital district, for infectious disease control ordering you to stay off work, isolation or quarantine.

Duration of absence from work _____

The decision concerns a child aged under 16 years whose guardian I am Yes

I have been completely absent from paid employment self-employment

I have been partly absent from work or done other work. The work arrangements involve paid employment self-employment

Further information on the work arrangements

Names and contact information of employers/companies. Also state your own address if you have not reported your address to the Digital and Population Data Services Agency.

i The allowance is determined on the basis of your actual loss of earnings. Submit the information about the loss of earnings that you have received from the employer to Kela or ask the employer to submit the information. Kela receives information about your earned income under the YEL (Self-Employed Persons' Pensions) and MYEL (Farmers' Pensions) Acts directly from the pension provider.

12. Enclosures

i A medical certificate A is often enough to prove a short period of illness, but at the latest after 60 days of illness you should ask your physician for a more detailed medical statement, i.e. medical certificate B.

For the continued payment of sickness allowance a statement from the occupational health service is needed when sickness allowance has been paid for 90 days. Request a statement from your occupational health physician. A statement is only needed as regards claimants who work in an employment relationship.

Notification from the employer filed via the e-service for employers, via the national incomes register or on form Y 17e (Employer's pay report), if the employer pays sick pay.

For the partial sickness allowance, you must provide information about the reduction in working hours from each of your employers if you hold more than one part-time job.

Sickness allowance

- Medical certificate A
- Medical certificate B

Partial sickness allowance

- Medical certificate B
- The form entitled "Notice – Partial sickness allowance" (SV 28e) completed with your employer or a contract of part-time employment containing the same information.

Sickness allowance on account of an infectious disease

- Decision or a medical certificate A by the doctor responsible, in your municipality or hospital district, for infectious disease control ordering you to stay off work, isolation or quarantine.

Sickness allowance on account of human cell, tissue or organ donation

- Medical certificate A

Other enclosures

Please state if any documents will be submitted later on.

13. Additional information – Please write the number of the section you are referring to.

Additional information on a separate sheet. Write your name and personal identity code on the sheet.

14. Signature

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

Place and date

Signature

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



- i** If an accident occurs an insurance company may be liable to pay compensation if the matter concerns, for instance, an accident at work or a traffic accident. The entitlement to sickness allowance cannot be determined without information on whether compensation will also be paid on the basis of some other Act, e.g. the Workers' Compensation Act. Voluntary insurance does, as a rule, not affect the sickness allowance paid by Kela.

1. Information about the claimant

Personal identity code Family name and given name

Telephone number E-mail

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

2. In what kind of situation has the accident or injury occurred?

Read the questions one by one and reply to all yes/no alternatives. Please also reply to the follow-up questions, if required. Give the required description under section 5.

a. **During leisure time** No Yes

b. **At work** or on the way to or from work, or an occupational disease is suspected No Yes

When yes, indicate whether you work

– in your own company No Yes

– in salaried employment or
as an agricultural entrepreneur No Yes

c. **In traffic** No Yes

What type of motor vehicle caused the injury? _____

Register number, if known _____

d. **Following an assault** or other crime No Yes

Name of the offender, if known _____

Have you filed a report of an offence? No Yes; when _____

Police station and locality _____

3. Compensation liability for the accident

Have you claimed or received compensation from some other source?

No Yes; please specify (name of insurance company)

4. Time of accident

Report the time of the accident as exactly as possible

Date ____ . ____ . ____

Time _____

As regards occupational diseases, please specify; what type of disease, when and how was it confirmed.

5. Describe what happened and how the injury occurred

Supplement the information on how the injury occurred and how the accident happened. Indicate how you were injured and what injuries the accident caused. Indicate other factors which affected events.

6. Signature

Date

Signature

