



You can also file the claim and related documentation online at www.kela.fi/asiointi (in Finnish) or www.fpa.fi/etjanst (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)



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



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

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



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 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 injury due to a crime?

No

Yes. Please also complete the enclosed **Accident report**.

5. Work activity

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. a grant recipient?

 No Yes; payer and purpose?

d. 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?

e. a full-time student?

 No Yes; where?

f. other?

 No Yes; what (e.g. household work, job alternation leave, informal caregiver or conscript)?

6. Impairment due to illness

Describe how the illness affects your work, studies or other obligations. At the same time, also specify what your work entails.

7. Unemployment benefit before the period of illness

Have you received unemployment benefits from some other payer than Kela during the 4 months preceding the period of illness?

 No Yes; from where and
until when?

8. Income during the period of illness

Do you receive sick pay?

 No Yes. The employer reports the sick pay to Kela via the online service for employers, via the 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 allowance is calculated on the basis of the earnings reported in the taxation. The allowance may also be calculated on the basis of the earnings for the 6 months preceding the illness if they are at least 20% higher than the earnings according to the taxation data.

Are you claiming a benefit on the basis of the earnings for 6 months because your earnings are significantly higher than those reported in the previous taxation?

No. Please continue to section 10 or 12. Yes. Fill in the following sections (self-employed persons need not fill in):

Have you had any of the following expenses during the time period for which the wage earnings are presented?

- commuting expenses No Yes; indicate the amount. _____ € per month
Route _____ Distance in km (one way) _____ km
Means of transport _____
- trade union and/or unemployment fund dues No Yes; _____ % of wages or € _____ month
 6 months
 year
- other work-related expenses No Yes; indicate type of expense and amount. _____ € per month

i Work-related expenses means expenses that are deductible in the taxation. (e.g. work-related literature and expenses for use of own work tools).

Did you have earnings for the whole preceding six-month period?

Yes No. I did not have earnings for the whole six-month period because of

(e.g. studies, unemployment, illness, parental leave, graduation, military service)

i Self-employed person: YEL/MYEL income is reported to Kela by the relevant pension provider.

Employee: The incomes register contains data on wages paid starting from 1 January 2019. Kela uses this data for checking the 6-month income and will, if necessary, request information directly from the employer.

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.

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

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 _____ – _____

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

What arrangements have been agreed?

Names and contact information of employers/companies

- i** The allowance is determined on the basis of your actual loss of earnings. Kela will ask your employer for information on your salary and will receive information about your earned income under the YEL (Self-Employed Persons' Pensions) and MYEL (Farmers' Pensions) Acts directly from the pension provider.

12. Supporting documents

- 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 your employer (can be filed online or on form Y 17e 'Employer's pay report'), if your employer pays you sick pay, and if you are claiming the allowance on the basis of your 6-month earnings and the data have not been received via the incomes register. Kela will contact your employer for further information about your pay if necessary. The incomes register contains data on wages paid starting from 1 January 2019.

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 supporting documents

Please state if any documents will be submitted later on.

13. Additional information

- i** 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

 No Yes

as an agricultural entrepreneur

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

