



Kela®

Annual report on benefit fraud cases

Year 2025

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1 Kela in brief

The Social Insurance Institution of Finland (Kela) provides social security coverage for all Finnish residents and many Finns living abroad in all stages of their lives. Kela's operations are overseen by Parliament. Kela secures the income and promotes the health of the population while supporting the capacity of individual citizens to care for themselves. In 2025, Kela paid approximately EUR 16.6 billion in benefits to private individuals.

Table 1.
Benefits paid by Kela to private individuals in 2025, EUR million

Benefits paid by Kela	2024, million euros
Pensions	2 620,2
Housing allowance for pensioners	653,0
Rehabilitation	735,4
Benefits for families with children	3 051,2
Financial aid for students	904,8
Basic social assistance	1 001,1
Health insurance benefits	3 450,1
Unemployment benefits	2 069,5
Disability benefits	680,5
General housing allowance	1 228,0
Other benefits	157,0
Total expenditure on benefits	16 550,8

2 Types of benefit fraud and the detection thereof

Benefit fraud refers to intentional activity whereby a Kela customer seeks to receive benefits without cause or at a higher amount than is due. The provision of false information or a forged or counterfeited document are examples of benefit fraud. The most commonly forged or counterfeited documents include invoices, bank statements, lease agreements and payslips, but Kela also receives other fake documents. Customers may, for example, cover some of the information present on their bank statements or change the details of an invoice to be more beneficial to the customer. These documents may be forged or counterfeited in whole or in part.

The withholding of information also constitutes benefit fraud. When a customer applies for a benefit, they are obliged to ascertain what factors impact their right to a specific benefit, and they must inform Kela about these factors.

Benefit fraud is considered to have occurred when a customer's conduct meets the criteria of a crime – most commonly fraud or forgery.

Kela may begin to suspect that a customer may have committed benefit fraud when processing their benefit application if the information previously provided by the customer conflicts with the information disclosed in the application. Suspicions may also arise when benefit payments made to a specific customer are reviewed by Kela to determine why the customer has been overpaid and Kela discovers that the overpayment resulted from the customer's own conduct. Other factors that may trigger suspicion of benefit fraud include tip-offs, data retrieved from the Incomes Register, and information or notifications provided by other authorities. When a customer is suspected of benefit fraud, the customer is contacted and reserved the opportunity to provide a clarifying statement in the matter.



3 Benefit fraud statistics for 2021–2025

This report introduces statistics from 2021 to 2025. The statistics cover suspected cases of benefit fraud processed by Kela where the customer has been contacted for a statement due to the suspicions.

Each case is counted in the statistics only once even though its legal proceedings can last longer than a calendar year. As such, each case is recorded in the statistics of the year during which Kela processed it. Statistics are published annually on the number of both suspected cases of benefit fraud recorded by Kela and closed cases.

3.1 Suspected cases of benefit fraud recorded by Kela: number of cases and value in euros

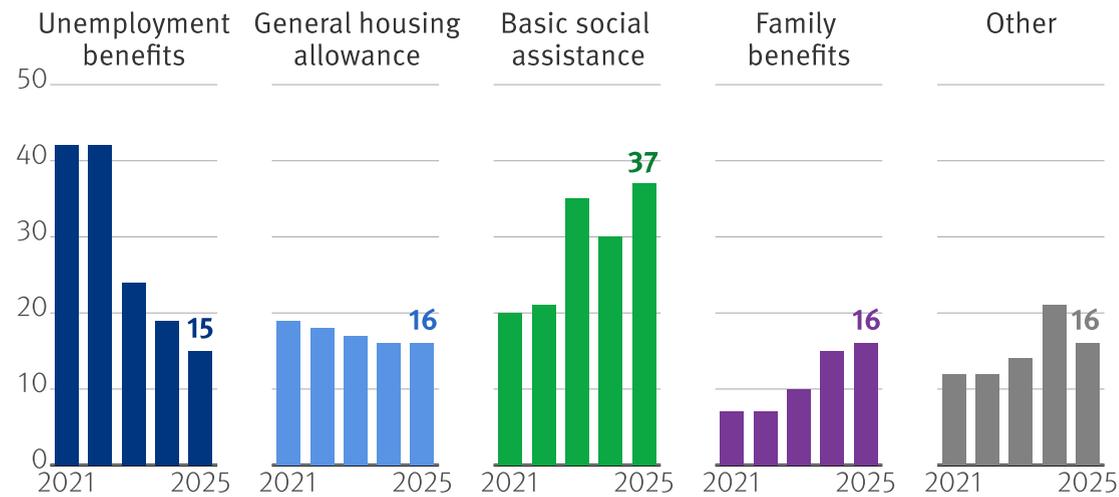
The statistics on suspected cases of benefit fraud recorded by Kela cover cases where the customer has been contacted for a statement due to the suspicions and where Kela has issued a decision on the matter.

Table 2.
The number of suspected cases of benefit fraud recorded by Kela, their value in euros and their percentage share of all benefits paid between 2021 and 2025

Year	No. of suspected fraud cases	Average value of suspected fraud cases, EUR	Total value of suspected fraud cases, EUR	Total benefits paid, EUR	Percentage share of suspected fraud cases of total benefits paid
2025	1 017	7 067	7 187 529	16 550 727 157	0,43
2024	1 104	6 480	7 153 494	16 446 474 388	0,43
2023	1 277	5 565	7 106 242	15 823 322 906	0,45
2022	1 462	5 838	8 535 781	15 655 394 321	0,55
2021	1 894	5 603	10 612 989	15 545 342 902	0,68

In 2025, basic social assistance was the benefit with the most suspected cases of benefit fraud. The benefits with the second highest number of cases were general housing allowance and unemployment benefits, but the number of suspected cases of benefit fraud involving these benefits has decreased as a result of the use of the Incomes Register. When it comes to basic social assistance, however, discrepancies in the customer's income data are not the only factor that can lead to suspicions of benefit fraud. The categories entitled Family benefits and Other cover multiple benefits. In the category of Other, reimbursements for the costs of private healthcare services (mostly travel cost reimbursements) saw a rise in the number of suspected benefit fraud cases in 2025 compared to previous years.

Chart 1.
The percentage shares of different benefits of all suspected cases of benefit fraud recorded by Kela



Benefit administration employees have discovered more cases of potential benefit fraud than is indicated by the statistics presented under Suspected cases of benefit fraud recorded by Kela. Some of these potential cases were proven to be unwarranted suspicions during the early stages of the investigation, which then removed the need for the affected customer to be contacted for a statement, and the cases are therefore not included in the final statistics.

Table 3.
Suspected cases of benefit fraud discovered by benefit administration employees in 2021–2025

Year	No. of suspected cases of benefit fraud discovered by benefit administration employees
2025	3 027
2024	2 413
2023	2 174
2022	1 930
2021	2 708

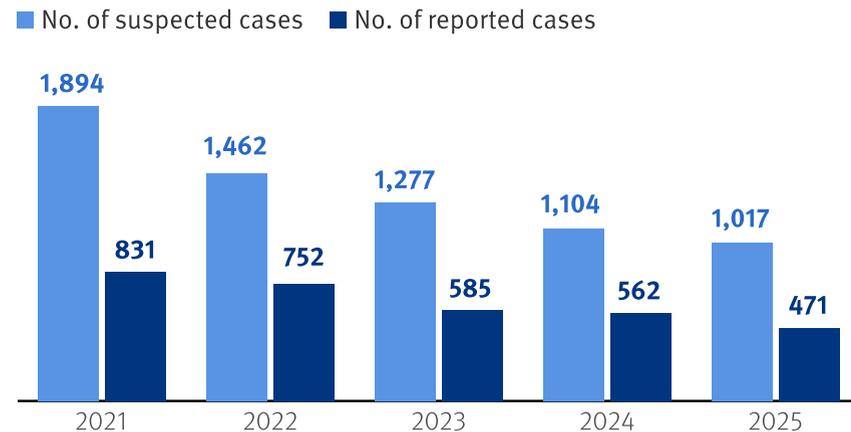
3.2 Cases reported to the police

Once a customer is suspected of benefit fraud, Kela will assess whether their conduct was intentional and what measures Kela wants to take. If there is good reason to suspect that a crime has occurred, Kela will report the case and all its details to the police. However, Kela reports all cases involving forged or counterfeited documents to the police. This also applies if the customer is discovered to have submitted a forged or counterfeited document before any benefits are paid to them as submitting a forged or counterfeited document is always considered an intentional act even if it does not result in any damage.

Kela will not report a case of suspected benefit fraud to the police if there is insufficient evidence or if the statute of limitations has passed. Kela always decides whether to report a suspected case of benefit fraud to the police on a case-by-case basis while taking into consideration the facts of each case.

Kela reports approximately 50% of all suspected cases of benefit fraud to the police each year (about 46% in 2025).

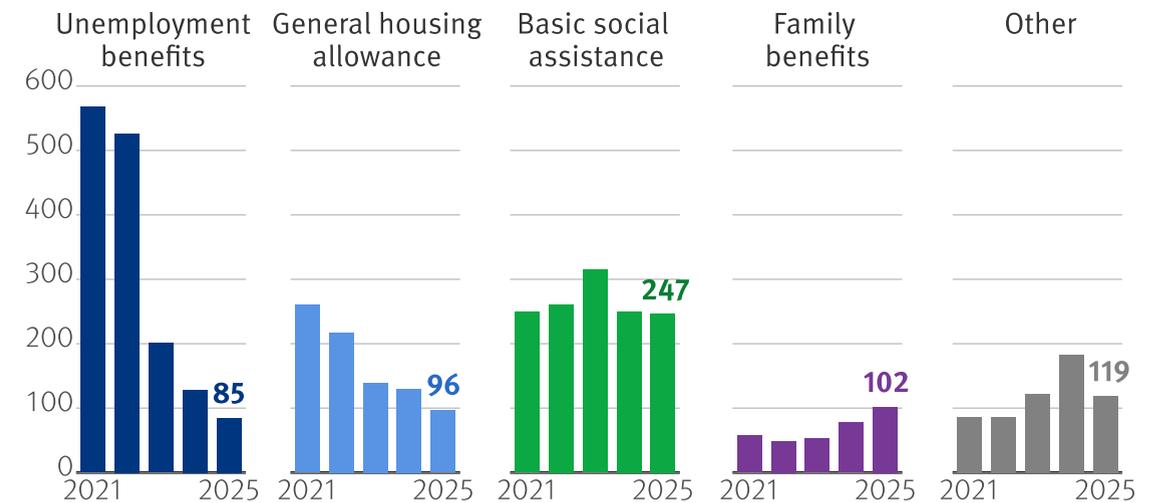
Chart 2.
Suspected cases of benefit fraud and the number of cases reported to the police in 2021–2025



3.2.1 Cases reported to the police categorised by benefit

Alla olevassa kaaviossa on esitetty Kelan tekemien tutkintapyyntöjen lukumäärät etuuk-sittain vuosilta 2021–2025.

Chart 3.
Number of cases reported to the police in 2021–2025, categorised by benefit



The total number of reported benefit-specific cases of suspected benefit fraud (chart 3) is higher than the number of cases reported to the police listed for each year in chart 2. This discrepancy is due to the fact that a case that is reported to the police may involve a customer who receives several different benefits and is suspected of multiple instances of benefit fraud involving these benefits.

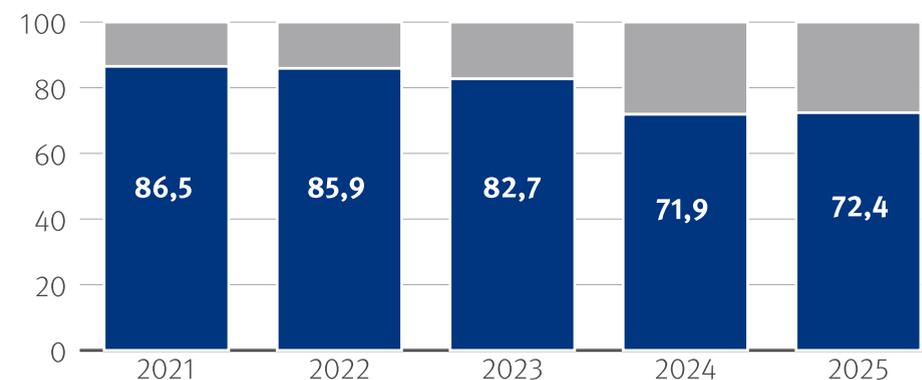
The nature of the benefits affects the total number of suspected cases of benefit fraud and the case-specific consideration of whether the customer's conduct was intentional. Benefits that had the most recorded cases of suspected benefit fraud were also the ones with the highest number of cases reported to the police. These benefits include basic social assistance, unemployment benefits and the general housing allowance. Unemployment benefits and basic social assistance require for the customer to actively carry out more measures than they would in connection with other benefits. Customers must, for example, keep submitting new applications on a regular basis. Customers who receive unemployment benefits and basic social assistance are also often paid general housing allowance, which explains, in part, why cases involving general housing allowance were so highly represented in the number of cases reported to the police. In addition, more suspected cases of benefit fraud involving reimbursements for the costs of private health-care services (categorised under Other) were reported to the police in 2025 compared to previous years.

3.3 Closed cases of benefit fraud

Kela publishes statistics on how many cases reported to the police have resulted in criminal sanctions. Once Kela has reported a case of suspected benefit fraud to the police, the prosecutor and the courts decide whether a crime has occurred and, if so, the nature of the crime.

The following chart shows the percentage share of cases that resulted in a sanction of all cases reported to the police in 2021–2025.

Chart 4.
Percentage share of cases reported to the police that resulted in a sanction in 2021–2025



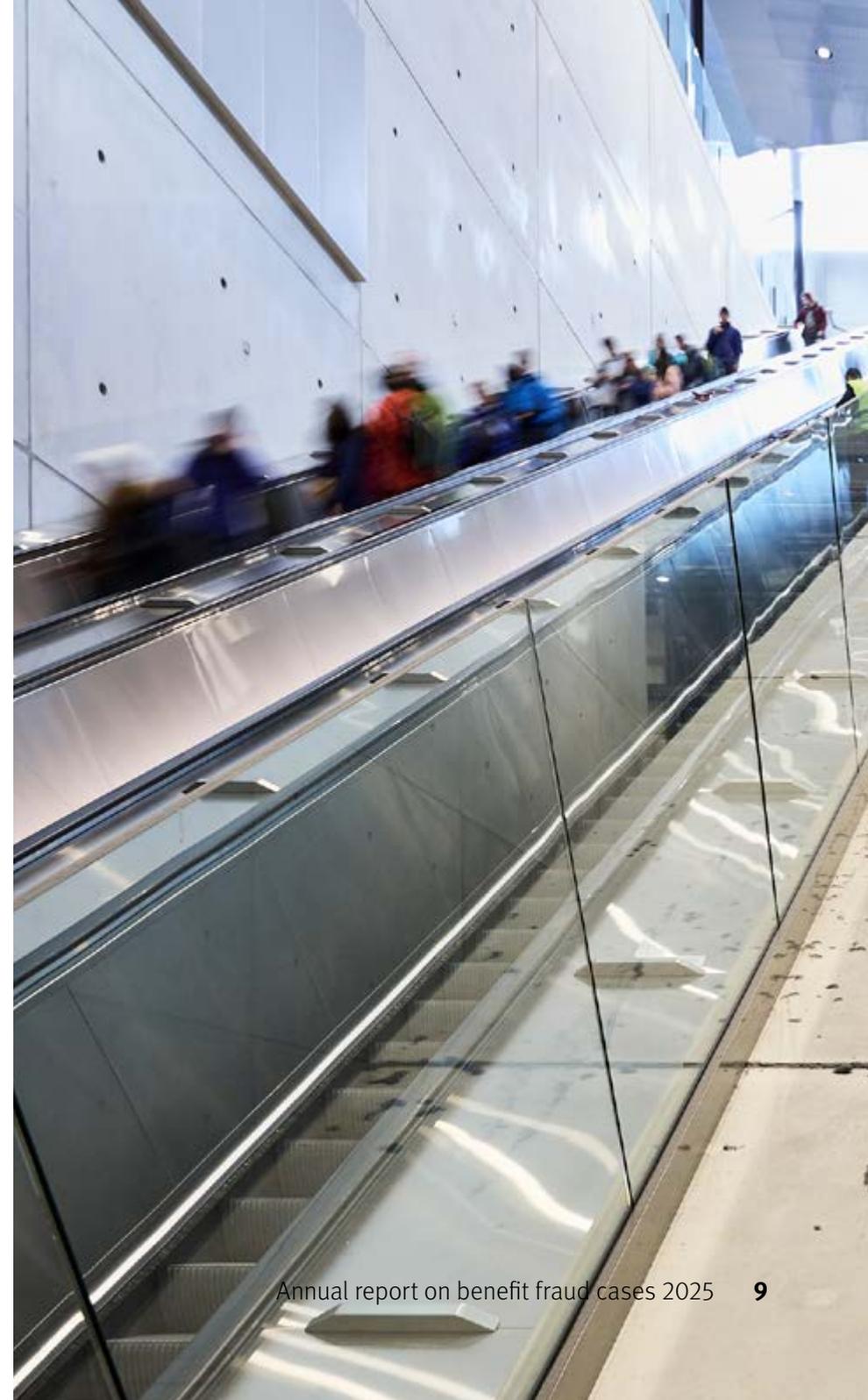
The percentage share of cases reported to the police that resulted in a sanction has decreased during the period in question. Kela monitors case law for developments. The most common reason why a case reported to the police has not ultimately resulted in a sanction is that the statute of limitations has expired.

4 Identification and prevention of benefit fraud at Kela

Kela invests in the proactive identification and prevention of benefit fraud in its operations. One measure Kela has undertaken to achieve this is ensuring that all processes run smoothly in day-to-day benefit administration. Employees are provided with instructions and training that help them identify and investigate suspected cases of benefit fraud. Kela constantly develops its practices and has appointed several experts specifically to process benefit fraud cases.

Kela is contacted by both private individuals and authorities who wish to report customers who may be receiving Kela benefits without proper grounds. Kela takes note of and investigates all such reports. If a report may have an impact on the benefits paid to a specific customer, the customer will be contacted and given an opportunity to provide a statement in order to clarify the matter. If it is established that a benefit has been paid incorrectly, the customer's benefits will be adjusted to reflect the correct information. No information about the subject of the report is disclosed to the whistleblower. For example, the whistleblower is not informed whether the reported customer receives benefits or whether the report has led to any measures.

In addition to identifying cases of benefit fraud, Kela aims to prevent such cases before they arise. One way to reduce and prevent incidences of overpayment and suspected benefit fraud is to make effective use of the Incomes Register. When granting benefits, Kela employees can retrieve customers' up-to-date income data from the Incomes Register. In addition, Kela receives real-time information on changes in customers' income, which enables benefits to be adjusted in real time and prevents overpayments from occurring. Thanks to the Incomes Register, customers do not need to submit income-related documents to Kela. However, this does not remove the customer's obligation to provide correct information and to notify Kela of changes in their circumstances. Customers remain bound by all reporting obligations set out in the benefit legislation.



A key factor in preventing benefit fraud is ensuring that benefits are not paid without proper grounds and that overpayments do not arise. If benefits are only paid with cause and no overpayment occurs, there will, in principle, be no suspected cases of benefit fraud. An exception to this rule is forged or counterfeit documents, as the submission of such documents constitutes suspected benefit fraud even if no overpayment has occurred.

In 2025, Kela introduced a technical solution into production that enables the automatic identification of documents that may have been forged or counterfeited from among documents submitted by customers. The provision of falsified information to a public authority is a criminal offence, and the processing of falsified information causes additional work, including the recovery of overpayments retroactively. By using a technical solution to examine the authenticity of documents and automatically identify documents containing falsified information, Kela can better allocate its employees' resources to benefit administration work. All documents flagged by the system as potential forgeries or counterfeits are reviewed by human employees.

Kela engages in information exchange and extensive cooperation with various different authorities to combat the shadow economy and prevent benefit fraud. For example, Kela is represented on the editorial board working on the Tax Administration's situational report on the shadow economy and economic crime. On the national level, Kela

collaborated with the National Police Board of Finland and the Tax Administration in 2025, in addition to participating in multi-authority cooperation.

Kela organised a Nordic conference on benefit fraud in 2025. The annual conference is attended by social security institutions from the Nordic countries. Benefit fraud matters were also on the agenda of the annual meeting of the Nordic Directors General. At the EU level, Kela engages in cooperation with a multitude of organisations in the field of benefit fraud prevention, such as various institutions defined in the regulation on the coordination of social security systems (e.g. the Administrative Commission) and the European Social Insurance Platform (ESIP), where Kela is a member. In 2025, Kela also worked closely together with e.g. the European Labour Authority (ELA). Kela actively monitors developments in EU-level legislation on benefit fraud prevention.

