



You can also file the application in the e-service of the authorised pension provider or the OmaKela e-service www.kela.fi/english.

You can check your pension provider at www.tyoelake.fi.

Please consult the instructions ETK/Kela 7007oe (Information for pension applicants). The instructions tell you how you can apply for a pension and how personal data are handled when your pensions case is processed.



We may contact you for further information if necessary. Send the application and any supporting documents to your authorised pension provider, the Finnish Centre for Pensions (Eläketurvakeskus) or to Kela.



If you have questions, please contact your pension provider or Kela. You can look up Kela's customer service numbers online at www.kela.fi/call-kela.

You can use this form to apply for rehabilitation subsidy or disability pension from the authorised pension provider or from Kela. With this form you can apply for pensions from another EU or EEA country, Switzerland, Great Britain or a country that has concluded a social security agreement with Finland.

If you get a pension from Kela or the authorised pension provider and you have an under 16-year-old child at home, you can apply for a child increase from Kela. Complete and send the form EV 264e (Application – Child increase for pensioners) to Kela.

i Enclose a medical statement for rehabilitation subsidy/disability pension with the application.

1. Applicant

Personal identity code Family name

Given names

Street address

Postal code Postal district

Phone number E-mail

Country of residence

Have you lived or worked in some other country than Finland?

No Yes. Complete form ETK/Kela 7110e (Appendix U – Residence and employment abroad).

Language in which you wish to receive the decision:

Finnish Swedish

Legal representative

- I have no legal representative.
- I have a legal representative.
- Application for a legal representative is pending.
- The Digital and Population Data Services Agency (DVV) has confirmed a power of attorney concerning legal representation.

2. Bank account details

International bank account number (IBAN)

BIC code

3. I wish to apply for rehabilitation subsidy or disability pension from the authorised pension provider

You can get a pension from the authorised pension provider, if you have accrued even a small amount of pension from paid employment or self-employment.

I wish to apply for rehabilitation subsidy or disability pension.

I wish to apply for partial rehabilitation subsidy or partial disability pension.

Rehabilitation subsidy is a fixed-term disability pension. Apply for a pension from Kela and the authorised pension provider with the same form. Partial disability pension and partial rehabilitation subsidy can only be applied for from and granted by the authorised pension provider.

4. I wish to apply for rehabilitation subsidy or disability pension from Kela

You can get a pension from Kela, if the earnings-related pension you have accrued from paid employment or self-employment is small or you have not accrued any earnings-related pension at all.

I wish to apply for rehabilitation subsidy or disability pension.

Rehabilitation subsidy is a fixed-term disability pension. Apply for a pension from Kela and the authorised pension provider with the same form.

5. Pension from another EU or EEA country, Switzerland, the United Kingdom or a country that has a social security agreement with Finland

I wish to apply for disability pension from abroad. From which countries?

If you apply for a pension from a country that has concluded a social security agreement with Finland, the Finnish Centre for Pensions will send you a separate application form for that country. You can also print out the application form at www.tyoelake.fi and submit the application to the Finnish Centre for Pensions.

6. Partner

Complete this section if you are applying for a pension from Kela or from another country.

Partner means a person married to, cohabiting with or living in a registered partnership with the applicant.

Personal identity code of your partner Family name and given names of your partner

Do you live together with your partner?

Yes No. I am separated from my partner since _____

Reason for separation

End of a couple relationship Other reason. Please specify: _____

7. Education and work

If you are a farmer, complete the form 1801 Mela (Maatalousyrittäjän selvitys – Liite (TM)).

State your education (degrees, professional training and other qualifications).

State your profession or the work you did before you fell ill. What does your work consist of?

What previous jobs have you had and for how long? State the length of the period of work in years and months.



Before falling ill I worked

full-time part-time _____ hours per week.

Have you received sick pay during the previous year?

Yes No

Do you still continue working despite your impaired work capacity?

Yes, I still continue working.

No, I have stopped working due to sick leave or some other reason.

My last day at work was _____

Does your employment relationship or self-employment continue? State the name of the employer or the company and whether your employment relationship or self-employment continues for the time being or for a specified time period. If your employment relationship or self-employment is time-limited, state the end date.

8. Staying on at work and work ability

Have any measures been taken as yet to support your possibilities to continue working?

No

Yes, please specify. (For instance, rearranging work or self-employment, vocational rehabilitation assessment, work try-out.)

What kind of work do you consider that you are still able to do and to what extent?

How do you consider that your possibilities to continue working or return to work can be supported?

Investigate how rehabilitation could be useful and what kind of rehabilitation could be useful

Make workplace arrangements or offer a work experience placement

Provide education, training or other rehabilitation measures. Please specify.

What illness or disability reduces your work ability?

When did your incapacity for work begin?

Describe in your own words how the illness or disability makes your work, studies or other activities more difficult.

9. Treatment of illness

Where have you received treatment for your illness?

What examinations have been carried out?

Next examination or doctor's visit

10. Other compensations, benefits and pensions

Do you get or have you applied for some other compensation or pension from Finland (e.g. statutory compensation for occupational disease, accident, patient injury, traffic accident or rail accident)?

- No
- I get a compensation or pension. Specify the pension/compensation, the company you are receiving it from and the start date of payment.

Application pending. Specify the pension/compensation and the company to which you have submitted your application.

Have you received any other benefit during the previous two years?

- No
- Yes. Specify the benefit and the time period. Also specify the payer.
-

Do you get or have you applied for a compensation or some other pension from outside Finland than the pension from abroad mentioned under section 5?

- No
- I get a compensation or pension. Specify the pension/compensation and the start date of payment. Also specify the country and the institution. Enclose a certificate or decision.

Application pending. Specify the pension/compensation, the country and the institution to which you have submitted your application.

Do you get or have you applied for a voluntary supplementary pension financed by the employer? Only complete this section if you are applying for rehabilitation subsidy or disability pension from Kela.

- No
- I get a pension. Specify the pension, the company you are receiving it from and the start date of payment.

Application pending. Specify the pension and the company to which you have submitted your application.



11. Consent for the release of data to organisations involved in the planning of rehabilitation

Consent for the release of data to organisations involved in the planning and implementation of rehabilitation

i Complete this section if you are applying for pension from the authorised pension provider.

Under law, the authorised pension provider must investigate your entitlement to vocational rehabilitation when processing your application for disability pension. If you have the right to vocational rehabilitation in accordance with the legislation on earnings-related pensions, the pension provider will give you a preliminary decision on your right to rehabilitation under the legislation on earnings-related pensions.

To ensure a smooth and speedy rehabilitation process it is often necessary to share information among professionals and organisations involved in the planning and implementation of the rehabilitation.

When the pension provider investigates your entitlement to vocational rehabilitation, the pension provider has, under law, the right to receive data e.g. from Kela, the employer, a doctor or other authorised healthcare professional, a healthcare unit, an organisation providing rehabilitation or a provider of social services.

If the release of data in connection with your rehabilitation is not based on legislation, the data can only be released with your consent. Giving the consent is voluntary.

You can withdraw your consent by informing the pension provider that is processing your case about this in writing.

I give my consent for the authorised pension provider to release rehabilitation decisions concerning myself and other information concerning the handling of my rehabilitation case.

Information may be released to the following professionals and organisations that participate in the planning and implementation of the rehabilitation:

- my workplace occupational health provider
- doctors or other medical professionals, hospitals and health care centres participating in my care
- rehabilitation provider or service provider
- Kela
- the employment authorities in my area
- educational institution or apprenticeship office
- my employer, with the exception that information about my health may not be released
- an employer offering me a work experience placement or job coaching, with the exception that information about my health may not be released

I do not consent to the release of other information than information released under law.

12. Enclosures

i Check that your name and personal identity code are stated on the enclosures.

Medical statement for rehabilitation subsidy/disability pension.

i The medical statement must have been issued within the last six months.

Has already been submitted; please specify where. _____

Will be submitted later; please specify when. _____

Section 1. Applicant

Form ETK/Kela 7110e (Appendix U – Residence and employment abroad).

Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.

Section 7. Education and work

Form 1801 Mela (Maatalousyrittäjän selvitys – Liite TM).

Section 10. Other compensations, benefits and pensions

Copy of the decision, notice of payment or a certificate from the payer, stating the current gross amount per month of your pension or compensation from another country. No certificates are needed regarding your Finnish pensions and compensations.

Other enclosure

Please specify. You can provide additional information for the application also in other enclosures. Write the number of the section that the information concerns.

13. Signature

I have read the instructions for pension applicants (ETK/Kela 7007oe).

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

If this form is not signed by the applicant, please explain why it was signed by someone else and state the signatory's phone number.

Place and date

Signature and printed name

