



Further information at [www.tyoelake.fi](http://www.tyoelake.fi) or [www.kela.fi](http://www.kela.fi)  
Please consult the instructions for pension applicants (ETK/Kela 7007oe).  
The instructions tell you how you can apply for a pension and how your personal data are handled when your pension case is processed.



Please make sure to complete the form carefully. Attach all necessary documentation.  
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 call the deceased person's pension provider or Kela's customer service number ([www.kela.fi/call-kela](http://www.kela.fi/call-kela)).

**With this form you can apply for spouse's pension from the authorised pension provider and from Kela as well as from other EU or EEA countries or Switzerland or a country that has concluded a social security agreement with Finland.**

**i** If you also apply for orphan's pension, please complete a separate application for each child (Orphan's pension ETK/Kela 7005e).

### 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 Appendix U. See section 10 (Enclosures).

In which language do you wish to receive the pension decision?

Finnish  Swedish

Do you or did you have a child in common with the deceased?

No  Yes

Are you applying for survivors' pension for a child?

No  Yes. For how many children? Fill in a separate form for each child (ETK/Kela 7005e).

If you were married to or in a registered partnership with the deceased, please state the date of marriage or registration of the partnership.

\_\_\_\_\_

**i** If you lived in a joint household (cohabitation) with the deceased, but you were not married or in a registered partnership, please answer the following questions about the **joint household**:

### Joint household

When did you start living in the same household with the deceased? \_\_\_\_\_

Did you live in the same household with the deceased continuously for at least five years immediately prior to the death of the deceased?

Yes  No. For which period did you live in separate households? \_\_\_\_\_ - \_\_\_\_\_

Why did you live in separate households?

If you and the deceased have a child together, did the child live together with you in the same household?

Yes  No

### Legal representative

I have no legal representative.

I have a legal representative. (Enclose a copy of the decision on legal representation. See section 10 (Enclosures).)

Application for a legal representative is pending.

I have issued a power of attorney concerning legal representation, and the power of attorney has been confirmed. (Enclose a copy of the power of attorney concerning legal representation and a copy of the confirmation of the power of attorney. See section 10 (Enclosures).)

## 2. Bank account details for the applicant

International bank account number (IBAN) \_\_\_\_\_

BIC code \_\_\_\_\_

## 3. The deceased

Personal identity code of the deceased \_\_\_\_\_ Family name \_\_\_\_\_

Given names \_\_\_\_\_

Date of death \_\_\_\_\_

Was the deceased person's death due to a traffic accident, a rail traffic accident, an accident at work, an occupational disease or a patient injury?

No  Yes. Please state the type of accident. Also indicate the name of the insurance company.

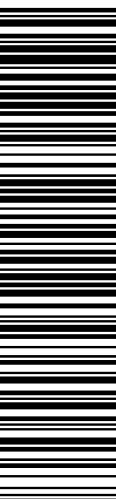
Has the deceased lived or worked in some other country than Finland?

No  Yes. Please complete Appendix U with the details for the deceased. See section 10 (Enclosures).

## 4. Spouse's pension from the authorised pension provider (on account of the deceased person's paid employment or self-employment)

I wish to apply for a spouse's pension.

I wish to apply for a spouse's pension for a former spouse. (Please provide documentation. See section 10 (Enclosures).)



## 5. Spouse's pension from Kela (only available to surviving spouses under the age of 65)

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I wish to apply for an initial pension for surviving spouses (paid for 6 months after the deceased person's death).

Did at the time of death of the deceased your or the deceased person's child under the age of 18 live in your household?

No  Yes. I wish to apply for the basic amount of the spouse's continuing pension. (Paid until the child reaches the age of 18 years.)

Does the child still live with you in the same household?

No  Yes

## 6. Pension from another EU or EEA country or Switzerland or a country that has concluded a social security agreement with Finland

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I wish to apply for a spouse's pension. From which country/countries?

**i** 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 the agreement country. To speed up the processing of your case you can also print the application form ([www.tyoelake.fi](http://www.tyoelake.fi)) and send the form to the Finnish Centre for Pensions.

## 7. The deceased person's pensions, compensations and benefits

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**i** Please complete this section if you are applying for spouse's pension from the authorised pension provider (section 4).

Did the deceased during the two previous years receive any pensions, compensations or benefits (e.g. rehabilitation allowance, sickness allowance or unemployment allowance)?

No  Yes. Specify the benefits and the period for which they were paid. Also specify the payer.

## 8. Applicant's benefits

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**i** Complete this section if you do not receive any earnings-related pension in your own right and you are applying for spouse's pension from the authorised pension provider (section 4).

Have you during the previous two years received sickness allowance, unemployment allowance, parental allowance, job alternation compensation or other comparable benefits?

No

Yes. Please specify the benefit and the time period. Also specify the payer.

## 9. Applicant's other compensations and pensions

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Do you receive or apply for some other compensation or pension from Finland or some other country?


No

I receive a pension or compensation. Specify the pension/compensation and the start date. Also specify the country and the institution or company. (Enclose certificate or decision. See section 10 (Enclosures).)

Application pending. Specify the compensation/pension. Also specify the country and the institution or company.

## 10. Enclosures

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 Check that the enclosures include name and personal identity code.

### Section 1. Applicant

- Appendix U with details on the applicant (Residence and employment abroad, ETK/Kela 7110e).
- Copy of the decision on legal representation.
- Copy of the power of attorney concerning legal representation and copy of the confirmation of the power of attorney.

### Section 3. The deceased

- Appendix U with details on the deceased (Residence and employment abroad, ETK/Kela 7110e).

### Section 4. Spouse's pension from the authorised pension provider

- A confirmed agreement or a court judgment concerning maintenance payments to a former spouse.

### Section 9. Applicant's other compensations and pensions

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

### Section 11. Signature

- If the application is not signed by the applicant or the applicant's legal representative, enclose a bank statement or some other certificate from the bank, showing that the account is the applicant's account.

### Other enclosure

- Please specify. You can provide additional information for the application also in other enclosures. Please write the number of the section you are referring to.
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## 11. Signature

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**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. Enclose a certificate on the holder of the bank account. (See section 10 Enclosures.)

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Place and date

Signature and printed name

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