## Authorised pension providers / Kela

## Application Orphan's pension

			•	·	
R	Please consult the inst (ETK/Kela 7007oe). The instructions tell yo pension and how your when your pension case	·		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.	
(I)	If you have questions, the deceased person's or Kela's customer servic (www.kela.fi/call-kela).	pension provider e number			
as wel	I as from other EU or I ty agreement with Fin	EEA countries, Switzerland, the and.		om the authorised pension provider and from Kela Kingdom or countries that have concluded a social	
	omplete a separate app	lication for each child.			
	child	Camily name			
Person	nal identity code	Family name			
Civon	2000				
Given i					
Street	address				
Postal	code	Postal district			
Phone	number	E-mail			
Countr	y of residence				
Has the child lived in some other country than Finland? Please complete this section if you are applying for orphan's pension from Kela (section 7) or orphan's pension from Kela for a full-time student aged 18-20 (section 8).  No Yes. Please complete Appendix U with the details for the child. See section 12 (Enclosures).					
	he deceased hal identity code of the	Family name			
deceas		]			
Given i	names				
Data at	£ -  4 -				
Date of					
	e deceased person's de nt injury?	eath due to a traffic accident, a ra	ail traffic	accident, an accident at work, an occupational disease or	
☐ No	Yes. Pleas	e state the type of accident. Also	indicate	the name of the insurance company.	
Has the	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 12 (Enclosures).				
tog	Where did the child live at the time of death of the deceased?				
If the deceased was not the child's father or mother, describe the deceased's family or provider relationship with the child.					

ETK/Kela 7005e 01.24 Web form (PDF)

3.	Applicant					
<u>(i)</u>	Complete this section if the apprepresentative a child aged 15-	olicant is some other person than the child. With the consent of the guardian or legal -17 can apply for a pension on his or her own.				
Applicant's personal identity Family name						
cod	e					
Civ						
GIVE	en names					
Stre	eet address					
Pos	tal code	Postal district				
Pho	ne number	E-mail				
If th	e applicant is someone else thar	n the child's legal guardian, state the reason for this.				
<u>4.</u>	Language of the pension of					
	hich language do you wish to re Finnish Swedish	ceive the pension decision?				
<u>5.</u>	Guardian					
	sonal identity code of the Fam	ld's legal guardian is someone else than the applicant. nily name				
gua	rdian					
Civ	en names					
GIVE	ennames					
	The child has no legal guardian.	Where is the guardianship case pending?				
6.		e authorised pension provider for children under the age of 20 (on account of at the deceased person has accrued from paid employment or self-employment)	the			
	I wish to apply for an orphan's p	ension.				
7.	•	ela for children under the age of 18				
	I wish to apply for an orphan's p					
8. Orphan's pension from Kela for full-time students aged 18–20						
I wish to apply for an orphan's pension.						
Nan	ne of the educational institution					
9. Pension from another EU or EEA country, Switzerland, the United Kingdom or a country that has concluded a social security agreement with Finland						
I wish to apply for an orphan's pension. From which country/countries?						
<b>①</b>	Pensions will send you a separ	a country that has concluded a social security agreement with Finland, the Finnish Centre rate application form for the agreement country. To speed up the processing of your case your (www.tyoelake.fi) and send the form to the Finnish Centre for Pensions.				
ETK	/Kela 7005e 01.24 Web form (PDF)	Page 2 (4	4) 🕪 🚃			

10. The deceased person's pensions, compensations and benefits						
Complete this section if the deceased did not receive an earnings-related pension or if he or she worked while r pension, and you are applying for orphan's pension from the earnings-related pension scheme (section 6).	eceiving a					
Did the deceased during the two previous years receive any pensions, compensations or benefits (e.g. rehabilitation allowar sickness allowance or unemployment allowance)?						
No Yes. Specify the benefit and the time period. Also specify the payer.						
11. The child's other compensations and pensions						
Complete under this section details on other compensations and pensions payable or applied for from Finland country. See section 12 (Enclosures).	or some other					
Does the child receive or has he/she applied for some other compensation or pension following the death of the decord on account of an accident or a traffic injury)?	eased (e.g.					
The child receives a compensation or pension. Please specify the compensation or pension, and the start date of payment. the country and provider institution or company. (Enclose certificate or decision. See section 12 (Enclosures).)	Also specify					
Application pending. Please specify the compensation or pension, and the start date of payment. Also specify the country are institution or company.	nd provider					
Does the child receive or has he/she applied for a pension also on account of another deceased person's death?  No						
The child receives such a pension. Please specify the pension, the country and provider institution or company, and the star payment.	t date of					
Application pending. Please specify the pension, the country and provider institution or company, and the start date of payments.	nent.					
State the name and personal identity code of the other deceased person.	·					
Was compensation for the maintenance of the child paid from some other source than Kela (e.g. child support, pensions, compete by the municipality)? Please complete this section if you are applying for orphan's pension from Kela (section 7).	ensations paid					
No Yes. Please specify the source and the amount.						
12. Enclosures						
Check that the deceased person's and/or the child's and the applicant's name and personal identity code are stated on the	enclosures.					
Section 1. Child Appendix U (Residence and employment abroad, ETK/Kela 7110e)						
Section 2. The deceased Appendix U (Residence and employment abroad, ETK/Kela 7110e)						
Section 11. Other compensations and pensions  Copy of the decision or notice of payment or a certificate from the payer, stating the current gross amount per month of the compensation payable from abroad. No certificates are needed regarding the pensions and compensations payable from Fi						
Other enclosure  Please specify. You can provide additional information for the application also in other enclosures. Write the number of the s referring to.	section you are					

13. Dalik account details						
Account holder						
International bank account numb	er (IBAN)					
BIC code						
Statement of consent						
	nally by a child aged 15 to 17 years, the child's legal guardian or representative must indicate ension being paid to the account stated in the application.					
I consent to the payment of the	he pension to the account stated in the application.					
Place and date	Signature and printed name of the legal guardian or representative					
14. Signature						
I have read the instructions for I declare that the information I	pension applicants (ETK/Kela 7007oe). have given is true and accurate. I will notify any changes.					
If this form is not signed by the clease and state the signatory's pho	hild or his/her legal guardian or representative, please explain why it was signed by someone one number.					
Place and date	Signature and printed name					

