Earnings-related pension providers

Application
Rehabilitation within the earnings-related pension system

Please read "Instructions for application for rehabilitation within the earnings-related pension system" (ETK 2136oe). It tells you how to apply for rehabilitation and how your personal data is handled when your application is processed.

Submit your application to your earnings-related pension provider.

Please attach a medical statement for vocational rehabilitation to your application. If possible, attach also a description written by your employer of your work and of possible work arrangements at your place of work.

1. Applicant

Personal ID number	Last name
First names	
Address	
Postal code	Post office
Telephone number	E-mail address
Occupation	

Please send the pension decision in

☐ Finnish ☐ Swedish

Your current status

☐ Working ☐ Disabled (on a sickness allowance) ☐ On a cash rehabilitation benefit ☐ On a disability pension

☐ Unemployed ☐ Student ☐ Other, what?

List the years of birth of children under the age of 18 that are your dependants

2. Bank account

IBAN account number

BIC code

3. Work ability and illness

In the last two years, when has your state of health been examined?

Who have examined your state of health?

☐ Occupational health care ☐ Health centre ☐ Hospital polyclinic ☐ Psyciatric polyclinic

☐ Other, who?

Based on which illness or injury are you applying for rehabilitation?

How does your illness limit your working and as of what date?

What type of medical and vocational rehabilitation have you got earlier and when?

4. Previous training and work experience

Education

What is your basic educational level?

☐ Secondary school ☐ Upper secondary school ☐ Other, what (for example, primary school, lower secondary school)?

What is your education (degrees, vocational training, program, year of graduation)?

What other training do you have (for example, courses and time of completion)?

Most recent employment or public-sector employment relationship

Name, address and telephone number of employer

The employment relationship began on (dd.mm.yyyy) _____ . _____ . _____

The employment relationship ended on (dd.mm.yyyy) _____ . _____ . _____

Self-employment

Most recent self-employment began on (dd.mm.yyyy) _____ . _____ . _____

Most recent self-employment ended on (dd.mm.yyyy) _____ . _____ . _____

Occupation and work tasks

What is or has been your main job or occupation? If you are a farming entrepreneur, please fill in the form Maatalousyrittäjän selvitys (form for farming entrepreneurs, available only in Finnish). See point 7, Attachments.

For how long have you had this work or occupation?

If you are or have been a self-employed person, within which field or in which profession?

Are you still working as a self-employed person or an independent person practicing a profession?

☐ Yes ☐ No

Have you worked

☐ full time ☐ part time hours per day ☐ shift work

Please describe your current work and your working conditions: work tasks, working positions (lifting, carrying), working pace, mental pressure etc.

How has your work or self-employment changed
(for example, rearrangement of work tasks, business cutbacks, leasing/selling the company etc.)?

What other work have you done? Please list the name of the employer and the time of employment in years/months. List also work done abroad.

5. Plan for rehabilitation within the earnings-related pension system

☐ No plan has been drawn up.

Your pension provider will issue a preliminary decision on your right to rehabilitation within the earnings-related pension system if you do not have a rehabilitation plan or if your plan must be specified further.

☐ **Work try-out/work training**

Please list the contact information of your work try-out/work training location (employer, name of contact person, address, telephone number, e-mail)

Work tasks/title at work try-out

Work try-out/work training begins on (dd.mm.yyyy) _____ . _____ . _____

Work try-out/work training ends on (dd.mm.yyyy) _____ . _____ . _____

Does the employer pay a wage during the work try-out/work training period?

☐ Yes ☐ No

What is the aim of the work try-out/work training?

☐ **Education**

Planned education, educational institution, extent of education in credit units

Educational program begins on (dd.mm.yyyy) _____ . _____ . _____

Educational program ends on (dd.mm.yyyy) _____ . _____ . _____

☐ **Business subsidy**

Subsidy for starting or carrying on a business and for machinery and equipment to facilitate the work of a farming entrepreneur.

☐ **Other plan, what?**

Parties involved in the planning of vocational rehabilitation

☐ Employer ☐ Occupational health care ☐ TE services ☐ Kela ☐ Earnings-related pension provider

☐ Other party, which?

Contact information to party/parties involved in the planning

6. Information about child care, benefits and pensions (see instructions ETK 2136o)

☐ I have cared for my under-three-year-old child, for which reason I do not have employment income during the 36 calendar months preceding my application or the onset of disability. State the period of child care

_____ . _____ . _____ – _____ . _____ . _____

☐ I have cared for my over-three-year-old adopted child, for which reason I do not have employment income during the 36 calendar months preceding my application or the onset of disability. State the period of child care

_____ . _____ . _____ – _____ . _____ . _____

☐ I am getting or applying for compensation for an accident, an occupational illness, a treatment injury, a traffic accident or a rail traffic accident, or for some other compensation or pension (state also if your application has been denied).

What compensation, from which pension insurance company and as of when?

☐ During the ongoing or the previous year and in addition to the above, I have received other compensation or benefits that affect the rehabilitation allowance (the benefits are listed in the instructions ETK 2136oe).

What benefits and from where?

7. Attachments

Check that your attachment(s) include your name and personal ID.

☐ Medical statement for vocational rehabilitation

☐ Employer's description of your work or possible work arrangement (ETK 7113, available in Finnish).

☐ Appendix TM (Maatalousyrittäjän selvitys [form for farming entrepreneurs] Mela/Kela 001 [in Finnish])

☐ Other attachment, what?

8. Consent

Consent to release my information to parties involved in planning and implementing my rehabilitation

For a smooth procession of your rehabilitation case, it is often necessary for parties involved in the planning and implementation of the rehabilitation to retrieve and release information between themselves.

Under law, an earnings-related pension provider has the right to acquire the necessary information for the handling of a case from, among others, Kela, your employer, your physician and other health care professionals, the health care unit, the institution providing your rehabilitation or the social service provider.

If surrendering your information relating to your rehabilitation case is not based on law, your information can be surrendered only with your consent. Giving consent is voluntary.

You can withdraw your consent by notifying (in writing) the pension provider handling your case.

☐ I consent to my earnings-related pension provider releasing data on rehabilitation decisions that concern me and other data relating to the handling of my rehabilitation case.

This consent concerns the following parties, if they participate in the planning or implementation of my rehabilitation:

- occupational health care at my workplace
- physician participating in my healthcare or treatment or other health care personnel, hospital or health centre,
- rehabilitation facility or service producer,
- my employer, but to whom no data on my health is to be released,
- employer offering the work try-out or work training, but to whom no data on my health is to be released,
- Kela,
- TE-services, or
- educational institution or apprenticeship office.

☐ I do not consent to the surrendering of such data that the earnings-related pension provider does not have the right to release based on law.

9. Signature

I have read "Instructions for application for rehabilitation within the earnings-related pension system" (ETK 2136oe).
I assure that the information I have provided is correct and will inform of any changes to it.
If the signature is by other than the applicant, state the reason for this and provide the phone number of the signer.

Date | Signature and clarification of signature

Telephone number

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