Reset

Earnings-related pension providers

Claim form
Years-of-service pension

You can claim a years-of-service pension only from an earnings-related pension provider.

Go to your pension provider's website or www.tyoelake.fi to read the criteria for getting a years-of-service pension. Read the instruction "Information for pension applicants" (ETK/Kela 7007oe). The instructions include information on how to claim a pension and on how your personal data is handled in connection with issuing a pension decision.

Submit your claim to your own pension provider. Please complete the form carefully and make sure that you have attached all necessary documents to your claim. See section 12 Attachments.

You can get a national pension from the Social Insurance Institution of Finland (Kela) if your other pensions or compensations amount to less than the income limit of the national pension. Contact Kela to find out your right to a national pension.

In addition to a years-of-service pension, you can use this form to claim a disability pension from an EU or EEA country, Switzerland or a country with which Finland has a social security agreement

1. Claimant

Personal identity number	Last name
First names	
Address	
Postal code	Postal district
Telephone	E-mail
Country of residence	

Have you lived or worked in another country than Finland?

☐ No ☐ Yes. Please fill out Appendix U. See section 12 Appendices.

In which language do you wish to get the decision?

☐ Finnish ☐ Swedish

Trusteeship

☐ I do not have a trustee.

☐ I have a trustee.

☐ A trustee has been applied for me.

☐ The Digital and Population Data Services Agency (DVV) has confirmed my authorisation for trusteeship. See section 12 Appendices.

2. Bank account

IBAN account number
BIC code

3. Earnings-related pension

The pension can start at the earliest as of the beginning of the calendar month after the month in which you have claimed it.

☐ I am applying for a preliminary decision for a years-of-service pension.

☐ I am claiming a years-of-service pension as of (dd.mm.yyyy) _____ . _____ . _____ .

4. Pension from an EU or EEA country, Switzerland or a social security agreement country

☐ I am applying for a disability pension from (name of country)

If you are claiming a pension from a social security agreement country, the Finnish Centre for Pensions will send you the pension claim form for that country. To speed up the processing of your case, you can also print out the form (www.tyoelake.fi), fill it out and send it to the Finnish Centre for Pensions.

5. Spouse

Complete this section if you completed section 4.

Spouse refers to your married or cohabiting spouse or your registered partner.

Spouse's personal identity number | Spouse's last name and first names

Do you live together with your spouse?

☐ Yes ☐ No, we live separately as of (dd.mm. yyyy) _____ . _____ . _____ .

Why do you live separately from your spouse?

☐ We have separated ☐ Other reason, what?

6. Education

What is your education (degree, vocational qualification, training) and your year(s) of graduation?

7. Work

To get a years-of-service pension, you must have worked full time for at least 38 years in work that requires great mental or physical effort.
If you are a farmer, please attach form Kela/Mela 001 Maatalousyrittäjän selvitys [Farmer's statement], available only in Finnish and Swedish, to your claim form.
See section 12 Appendicies.

Name, address and phone number of your most recent or business

My employment began on (dd.mm.yyyy) _____ . _____ . _____

My employment ended on (dd.mm.yyyy _____ . _____ . _____

I work

☐ full time ☐ part time, _____ hours/week.

Occupation and work tasks

What is your current profession? What other work have you done before? List also work you have done abroad.

- What type of tasks have you had and in what way has your work required great mental or physical effort?

- For how long have you worked with the different tasks (when did the work start and end)?

8. Breaks from work

☐ During my working life, I have been on maternity, paternity or family leaves or periods of child home care allowance. List the periods below.

My children were born in (years)

During my working life, I have been

☐ on sick leave for several months. Please specify when.

☐ laid off. Please specify when

☐ unemployed. Please specify when.

9. Continuing at work and ability to work

☐ My work tasks have been changed during my working life because the tasks have required great mental or physical effort (for example, rearrangements of work tasks, moving to lighter tasks, cutting down on self-employment, leasing the business)? Please specify how and when.

If you are on sick leave right now, have your chances to return to work been explored?

☐ No ☐ Yes (for example, through rehabilitative measures, such as an evaluation of my rehabilitation need or a rehabilitation examination, a vocational rehabilitation evaluation, a work try-out)

In your opinion, how could your return to work be supported?

☐ By charting out the rehabilitation opportunities

☐ By work arrangements or a work try-out

☐ By retraining or other rehabilitative measure(s). Which measure(s)?

Which illness or injury weakens your ability to work and function?

How does your illness or injury weaken your ability to work and function?

When did your illness start?

When did your disability begin?

What type of work and how much would you still be able to do?

10. Medical treatment

Where have you been treated for your illness, and what examinations have been done?

When is your next physician's appointment or examination?

Name and contact information of your physician.

Contact information of your occupational health care

11. Other compensation, benefits and pensions

Are you getting or have you claimed other compensation or pension from Finland
(for example, statutory benefits based on an occupational disease, an accident, a patient injury, or a traffic or rail traffic accident)?

☐ No

☐ Yes, I am getting other compensation or pension. Please specify from which company and as of when.

☐ Yes, I have claimed. Please specify what type of compensation or pension you have claimed and from which institution.

Have you got or claimed another benefit within the last two years (for example, a rehabilitation allowance, a sickness or unemployment allowance)?

☐ No

☐ Yes. Please specify what type of benefit, for which period it was granted and who paid it.

Are you getting or have you claimed compensation or pension from another country than Finland (excluding the pension you have listed in section 4)?

☐ No

☐ Yes. Please specify what type of compensation or pension you are getting, as of when, from which country and institution.
Attach a certificate or a decision. See section 12 Appendices.

☐ Yes, I have claimed. Please specify what type of compensation or pension you have claimed and from which country and institution.

12. Appendices

Your claim and its appendices must include an account of in which way your work has been physically and mentally wearing.
Check that all your attachments include your name and personal ID number.

☐ Medical statement issued by occupational health care for years-of-service pension

☐ Työnantajan kuvaus hakijan työstä (your employer’s description of your work; ETK7111)

☐ Appendix U (Residence and employment abroad, ETK/KELA 7110e)

☐ Copy of authorisation for trusteeship and its confirmation

☐ Appendix TM (Maatalousyrittäjän selvitys [Farmer's statement], Mela/Kela 001)

☐ Other attachment(s). Please specify which

You can also provide additional information in other attachments. Indicate the section number that your attachment refers to.

13. Consent

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

Your earnings-related pension provider establishes your right to vocational rehabilitation if you do not qualify for the years-of-service pension.
If you have a right to vocational rehabilitation based on the earnings-related pension acts, your pension provider will issue a preliminary decision on the 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 your 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, 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.

14. Signature

I have read the instructions on how to fill out a pension application (ETK/Kela 7007oe).
I pledge that the information I have given is true and accurate. I will inform of any changes to the information.
If the signature is by other than the claimant, state the reason for this and provide the phone number of the signer.

Date | Signature and clarification of signature

Telephone

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