



If you have questions, please call our customer service number www.kela.fi/phone-numbers



Please make sure to complete the form carefully. We may contact you for further information if necessary.

Please send the form to:

Social Insurance Institution
 Centre for International Affairs
 PO Box 78
 FI-00381 Helsinki
 FINLAND

i Complete this form if you work in Finland but your family members live in another EU or EEA country or Switzerland.

1. Person completing the notice

Personal identity code or date of birth

Family name and given name

Telephone

E-mail

Foreign health insurance number

Sex

a. Address in Finland

Street address

Postal number

Postal district

b. Address in country of permanent residence

Street address

Postal number

Postal district

Country

2. Family members

i If there are several family members, you can state the data under section 3 (Additional information).

1. Family name and given name

Date of birth

Street address in country of permanent residence

Postal number

Postal district

Country of residence

Foreign health insurance number

Sex

2. Family name and given name	Date of birth
Street address in country of permanent residence	
Postal number	Postal district
Country of residence	
Foreign health insurance number	Sex
3. Family name and given name	Date of birth
Street address in country of permanent residence	
Postal number	Postal district
Country of residence	
Foreign health insurance number	Sex
4. Family name and given name	Date of birth
Street address in country of permanent residence	
Postal number	Postal district
Country of residence	
Foreign health insurance number	Sex
5. Family name and given name	Date of birth
Street address in country of permanent residence	
Postal number	Postal district
Country of residence	
Foreign health insurance number	Sex

3. Additional information – Write the number of the section you are referring to.

4. Signature

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

Date _____ Signature _____