



You can also file the application and related documentation online at www.kela.fi/asiointi (in Finnish) or www.fpa.fi/etjanst (in Swedish)

More information is available at www.kela.fi/residence



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



Please make sure to complete the application carefully. Attach all necessary documentation.

We may contact you for further information if necessary.

Please send the application and any supporting documents to:

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

- i** Based on the application, Kela will determine your coverage under the Finnish social security and health insurance schemes. You can also use this form to report that you are returning to Finland if you were previously a resident of Finland.

1. Applicant

Personal identity code or date of birth Family name and given name

Address in Finland

Postal code

Postal district

Latest address abroad

Phone number

E-mail address

Social insurance number abroad

2. Moving to Finland

From which country did you move to Finland? _____

When did you move to Finland? _____._____._____

I am in Finland for the following period _____._____._____ - _____._____._____

i If you do not know the exact dates, you can give estimated dates for your residence in Finland.

for the time being

I am a return migrant.

i Please go on to section 5. Children.

3. Family circumstances

Married

Single

Cohabiting since _____._____._____

Divorced

Registered partnership

Widowed

Family name and given name of your spouse/partner

Personal identity code or date of birth

4. Reason for moving to Finland

- i** Please fill in sub-sections a–e as applicable to your situation.
See section 7. Enclosures for details about the required documentation.

a. Work

I will work in Finland from _____ until _____

- as a paid employee. Include your employment contract or other documentation from your employer.
- as self-employed. Include proof of enrolment in the pension insurance scheme for self-employed persons.
- as a posted worker. Include a certificate of posting from your country of origin.
- as a staff member of an international organisation. Which organisation? _____
- performing some other kind of work. Please specify. _____

Will you continue to work in some other country than Finland?

- No. When did you end your work or self-employment in that country? _____
- Yes. Which country? _____

I am not moving to Finland, but I will work for a Finnish employer. Include your employment contract or other documentation from your employer.

How often will you visit your home country? _____

b. Research or employment supported by a grant

- I will conduct research. Include your employment contract with the application.
- I will be in employment supported by a grant. Include the decision in which you were awarded the grant.
- i** If you are being paid the grant from Finland, contact Mela (Farmers' Social Insurance Institution) to find out whether your grant is subject to insurance under the MYEL (Farmers' Pension Insurance) Act. See www.mela.fi for more information.

Place of work: _____

Will you do other work besides research?

- No Yes. Include your employment contract with the application.

c. Family member living in Finland

Family name and given name of the family member living in Finland

Personal identity code

Family relationship

d. Pension recipient

Do you receive a pension from some other country than Finland?

- No Yes. Which country and what type of pension?

- i** Please include certificate E121/S1 if you receive a pension from another EU or EEA country or from Switzerland.

e. Other reason

i You can use this space to tell about your reasons for moving to Finland and your ties to Finland (e.g., student, refugee, asylum seeker).

5. Children

i Please list all children who are under 18, who are moving to Finland and who are in your care and custody.

Family name and given name _____ Personal identity code or date of birth _____

Date of moving _____._____._____

Family name and given name _____ Personal identity code or date of birth _____

Date of moving _____._____._____

Family name and given name _____ Personal identity code or date of birth _____

Date of moving _____._____._____

Family name and given name _____ Personal identity code or date of birth _____

Date of moving _____._____._____

6. Coverage under the social security system of another country

Have you worked in your previous country of residence?

No Yes. I ended work there on _____._____._____

Are you being or have you been paid a social security benefit (for example a daily allowance, child benefit or pension) from another country?

No Yes. Which benefit?

Payment of the benefit continues.

Payment of the benefit ended on _____._____._____

Name and address of the institution paying/having paid the benefit:

7. Enclosures

Section 4. Reason for moving to Finland

a. Employment

- Employees: Employment contract or other documentation from your employer. If your employment contract does not indicate your regular working hours and pay, also provide a wage statement.
- Self-employed persons: Proof of enrolment in the pension insurance scheme for self-employed persons.
- Posted workers: Certificate of posting from your country of origin.
- You are not moving to Finland but will be working in Finland: Employment contract or other documentation from your employer. If your employment contract does not indicate your regular working hours and pay, also provide a wage statement.

b. Research or employment supported by a grant

- Research: Contract of employment for the performance of research
- Grant recipients: Decision concerning the award of the grant.
- Contract of employment for work done alongside research.

d. Pension recipient

- Certificate E121/S1 issued by the country paying the pension. Not needed for the United Kingdom or the Nordic countries.

Other enclosure

- Please specify: _____

8. Additional information

-  Write the number of the section you are referring to.

- Additional information on a separate sheet. Write your name and personal identity code or date of birth on the sheet.

9. Signature

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

Date

Signature and printed name of the applicant

Information obtained for the purpose of deciding the present matter may be used for other benefit determinations, if so required under law. Conversely, any information obtained within the context of another benefit may be used to decide the present matter.

Please contact Kela for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.