



You can also complete the form and file related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish)
More information is available at www.kela.fi/residence



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



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

We may contact you for further information if necessary.

Send the form and any supporting documents by mail.

The address is

Social Insurance Institution

Centre for International Affairs

PO Box 78

FI-00381 Helsinki

FINLAND

i Use the form as a supporting document to the benefit application if you move to Finland or work in Finland and you apply for a benefit from Kela.

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

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

Cohabiting since _____

Registered partnership

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-f as applicable to your situation.
See section 7. Enclosures for details about the required documentation.

a. Work

I will work in Finland on a permanent basis starting _____
 for the period _____ - _____

as a paid employee.

as self-employed.

as a posted worker or self-employed person.

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. In which country? _____

I am not moving to Finland, but I will work for a Finnish employer, for instance as a seaman.

How often will you visit your home country? _____

b. Education

I am a full-time student in Finland.

c. Research or employment supported by a grant

I will conduct research.

I will be in employment supported by a 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' Pensions) Act. See www.mela.fi for more information.

Place of work: _____

Will you do other work besides research?

No Yes

d. Family member living in Finland

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

Personal identity code _____

Family relationship _____

e. Pension recipient

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

No Yes. Provide information on the pension under section 6.

f. Refugee

Yes

g. Other reason

i You can use this space to tell about your reasons for moving to Finland and your ties to Finland.

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. End date of the work there _____

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 will end or ended on _____

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

7. Enclosures

- Kela obtains information on your employment from the national incomes register starting 1 January 2019. Depending on the extent of the information reported to the national incomes register, we may ask for further information about your employment, when needed.

Section 4. Reason for moving to Finland

a. Work

- Self-employed persons: Proof of enrolment in the pension insurance scheme for self-employed persons.
- Posted workers or self-employed persons: Certificate of posting (A1) from your country of origin.

c. Research or employment supported by a grant

- Grant recipients: Decision concerning the award of the grant.

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.

Place and date

Signature and printed name of the applicant

The information you have provided 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.