



You can fill out the form and send the attachments via My Kela (www.kela.fi/omakela).

For more information: www.kela.fi/ulkomailta-suomeen-pikaopas



You may inquire further by calling our phone service (www.kela.fi/soita-kelaan).



Please complete the form carefully and ensure that all necessary attachments are included.

If we require additional information, we will reach out to you.

Please mail the completed form and attachments to:
Kansaneläkelaitos, International Affairs Center, P.O. Box 78, FI-00381 Helsinki, FINLAND.

i Use this form when relocating to Finland or working in Finland. Additionally, complete the benefit or Kela card application.

1. Applicant's Information

Personal Identification Number or Date of Birth, Surname and Given Name

Address in Finland

Postal Code

Post Office

Most Recent Address Abroad

Phone Number

Email Address

Foreign Social Security Number

2. Moving to Finland

From which country did you come to Finland?

When did you arrive in Finland?

I am in Finland ☐ Deadline _____ – _____

If you do not know the exact date, you may also provide an estimate of your stay in Finland.

☐ For the time being

☐ I am a returning migrant.

You may continue filling out the form from Section 5: Children.

3. Family Relationships

☐ Married

☐ Cohabiting _____ Starting from _____

☐ Registered partnership

Spouse's last name and first name

Personal identity code or date of birth

4. Reason for moving to Finland



Please fill in the applicable sections a–f based on your relocation situation.

You can find detailed information about the required documents in section 7: Attachments.

a. Work

I work in Finland ☐ permanently _____ Starting from
☐ for a specified period _____ – _____

☐ as an employee?

☐ as an entrepreneur. Confirm your obligation for entrepreneur pension insurance with the pension insurance company. Kela receives information concerning the granted entrepreneur's pension insurance from the pension insurance company.

☐ as a posted worker or self-employed.

☐ in an international organization. Which organization? _____

☐ in another job. Where? _____

☐ I do not move to Finland, but I work for a Finnish employer, for example, as a maritime worker.

Are you still employed, or are you self-employed in a country other than Finland?

☐ No. When did work or business activities in another country end? _____

☐ Yes. In which country? _____

Are you performing the work ☐ Only in Finland.

☐ Entirely or partially abroad. How is your working time divided?

☐ I am not currently working, although my employment contract remains valid.

How often do you visit your home country? _____

b. Study

☐ My studies in Finland are full-time.

c. Scientific research and grant work

☐ I am conducting scientific research. Please attach a certificate.

☐ I am working under a grant. Please attach the decision.

If you receive a grant from Finland, clarify your MYEL insurance for the grant with Mela (more information www.mela.fi).

Place of employment: _____

Are you working in a different job alongside your research work?

☐ No ☐ Yes

d. Family member residing in Finland

Surname and first name of the family member residing in Finland _____ Personal identification number _____

Relationship _____

e. Pension recipient

Do you receive a pension from countries other than Finland?

☐ No ☐ Yes. Please fill in the information about the pension in section 6.

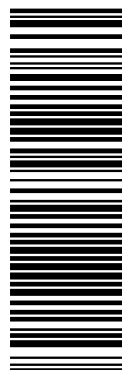
Do you have a foreign health insurance card equivalent to the Kela card?

☐ No ☐ Yes. If you have used the card after your arrival in Finland, please fill in section 8. information on when and where you have used the card in a healthcare unit.

Use only the Kela card and the European Health Insurance Card issued by Kela after your arrival in Finland.

f. Refugee

☐ Yes



g. Other reasons

 Please describe in your own words the reasons for your move to Finland and your connections to Finland.

5. Children

 Report here any children under 18 years of age moving to Finland for whom you are the guardian.

Surname and First Name	Personal identity code or date of birth
Moving Date	
Surname and First Name	Personal identity code or date of birth
Moving Date	
Surname and First Name	Personal identity code or date of birth
Moving Date	
Surname and First Name	Personal identity code or date of birth
Moving Date	

6. Membership in the social security system of another country

Have you worked in your previous country of residence?

☐ No ☐ Yes. The work is ending.

Are you receiving or have you received any social security benefits from another country (e.g., unemployment benefits, child allowances, pensions)?

☐ No ☐ Yes. What benefit?

- ☐ The payment of the benefit will continue.
☐ The payment of the benefit has ended or is about to end.

Name and address of the institution that is paying or has paid the benefit:

7. Attachments

-  Kela can obtain your employment information from the Income Register starting January 1, 2019. Depending on the extent of the information reported to the Income Register, we may request additional information regarding your employment.

Section 4. Reason for relocating to Finland

c. Scientific research and grant work

- ☐ Grant recipient: If you receive a grant from Finland, please submit the grant decision along with the MYEL insurance decision provided by Mela.
- ☐ Grant recipient: If you receive a grant from abroad, please submit the grant decision.
- ☐ Scientific research work: If you do not receive a grant, please provide a certificate from the research institution regarding the research work.

Other attachment

- ☐ What is it?

8. Additional Information

-  Indicate with a number which item of the application you are referring to.

- ☐ Additional information on a separate sheet. Write your name and personal identification number or date of birth on the sheet.

9. Signature

I certify that the information I have provided is correct and will notify of any changes.

Place and date

Applicant's signature and name clarification

We may use the information you have provided in other benefit matters, if the law requires us to take it into account. Similarly, we may use information obtained for another benefit when resolving this matter.

You will receive information from Kela about where we can obtain information about you and to whom we can disclose it.

