

# Application for review E 285e National pension / Guarantee pension

 You can also complete the application 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/pension
 Please make sure to complete the form carefully. Attach all necessary documentation.

 We may contact you for further information if necessary. Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

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

#### On this form you can report changes in family circumstances or in incomes.

() If you also receive additional front veterans' supplement, it will be reviewed in connection with this application.

#### 1. Applicant

Personal identity code	Family name and given name
Telephone	E-mail

(i) Kela retrieves address data from the population data system. If you are temporarily living at a different address or abroad, please write the address at section 6. Additional information.

#### 2. Application

I wish to report the following change:

Change in family circumstances

Change in amount of pension or compensation

#### 3. Family circumstances

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<ul> <li>married</li> <li>cohabiting</li> <li>living in a registered partnership</li> </ul>	single divorced widowed

Spouse's name and Finnish personal identity code or date of birth

() Spouse means a person married to, cohabiting with or living in a registered partnership with the applicant.

If you live apart from your spouse, indicate the date of separation.

#### Reason for living apart

Relationship has ended

Other reason, please specify (for instance own or spouse's institutional care)?

## 4. Pensions and compensations

() Pensions received from Kela or from authorised pension providers need not be reported.

Do you receive or have you applied for a pension or compensation from Finland or from abroad (for instance voluntary supplementary pension or compensation on the basis of an accident at work or a traffic accident)?

## No

Yes, I receive a pension or compensation; please specify the pension or compensation that you receive and the start date of payment. Also specify the country and the provider institution. Enclose a certificate or decision.

Yes, I have applied for a pension or compensation; please specify the pension or compensation as well as the country and the institution to which you have submitted your application.

## 5. Enclosures

#### Section 4. Pensions and compensations

Pensions from abroad: a decision, proof of payment or documentation from the payer showing the current gross amount per month of the pension or compensation from abroad. Copies are acceptable.

## 6. 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 on the sheet.

## 7. Signature

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

Place and date

Signature

If this form has been signed by someone other than the applicant, please state the reason for this.

## 8. Person helping the applicant to complete the application

## Name and telephone number

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter. Please contact us 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.