

EV 277e

**Application** EV 2776 Additional amount of the surviving spouse's pension payable to surviving spouses under the age of 65 years

	rviving-spouses-pension please call our customer	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 are about to travel  When to apply: The addition	abroad, also complete form Y 3 al amount of the surviving spo	nd you have moved to Finland, also complete form Y 77e. 38e. use's pension can be granted retroactively for a maximum of 6 on. The benefit is always granted as of the first day of the month.
1. Applicant		
Personal identity code	Family name and given name	e
	]	
L Telephone	J E-mail	
state your address at sec	tion 8. Additional information.	stem. If you are resident in some other country than Finland, please
2. Bank account numbe	<u>r</u>	
3. Application		
This application is for		adjustment of the additional amount of the surviving
additional amount of the s	urviving spouse's pension	spouse's pension
State the change and the date	of the change:	
Change in family circumst	ances (e.g. cohabitation or mar	rriage)
	itutional care	
Change in income		
4. Current spouse and I	iving circumstances	
i Spouse means a person	married to, cohabiting with or li	ving in a registered partnership with the applicant.
Personal identity code	Family name and given name	e
	]	
Do you live with your spouse?	Yes	☐ No
If you live apart from your spor	use, indicate the date of separa	ation.
Reason for living apart	End of relationship	Institutional care

Other reason. Please specify.

5. Income	
State the amount of income before the withholding of taxes (gross amount). Benefits received from Kela or from authorised pension providers need not be reported. See section 7. Supporting documents for a list of the required documentation.	
Do you receive or have you in the current or preceding year received a wage or salary, compensation for serving in a position of trust, copyright royalty payments, informal caregiver fee, an unemployment allowance from an unemployment fund, a grant or scholarship, or a business start-up grant?	
No Yes. Enclose details as necessary.	
Do you receive or have you applied for pension or compensation from outside Finland?	
Do not receive or have not applied Yes. Enclose details.	
Application pending. Indicate the benefit and the payer.	
Are you self-employed or an agricultural entrepreneur?  Yes No	
Are you insured under the YEL (Self-Employed Persons') or MYEL (Farmers') Pensions Act?	
Yes No. Estimate the amount of income (euros per month):	
Do you receive any investment income (e.g. interest, dividend or rental income)?	
No Yes. Enclose details.	
6. Interest on housing loan	
Do you pay interest on a housing loan?  No  Yes. Enclose details.	
7. Supporting documents	
Kela receives data on earnings, compensations for serving in a position of trust, copyright royalty payments and unemployment allowances paid from an unemployment fund from the national incomes register. If you receive such income from some other country than Finland, please enclose details.	
Section 5. Income  Decision concerning the award of a grant or scholarship or start-up grant.	
As regards pensions and other income from other countries than Finland, a copy of the decision or a payment notice or so other documentation from the payer showing details on the payer and the income amount before taxes (gross amount).	ne
Proof of payment, for instance a bank statement, showing the amount of rental, interest and dividend income or other investment income. In addition, for instance bank statement showing the amount of and interest rate on deposits.	
Section 6. Interest on housing loan  Statement from the creditor showing the amount of housing debt or a bank statement showing the loan number, date of granting the loan, outstanding amount and interest rate percentage.	
8. Additional information	
i 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.	
9. Signature	
I declare that the information I have given is true and accurate. I will notify any changes.	
Place and date Signature	

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.

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