



You can also complete the notification and send supporting documentation online at [www.kela.fi/omakela](http://www.kela.fi/omakela) (in Finnish) or [www.fpa.fi/mittfpa](http://www.fpa.fi/mittfpa) (in Swedish)  
More information is available at [www.kela.fi/family](http://www.kela.fi/family)



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



Please make sure to complete the notification carefully. Attach all necessary documentation.  
We may contact you for further information if necessary.  
You can send the notification and any supporting documents by mail.  
The address is Kela, PL 10, 00056 KELA.


## 1. Person completing the notification

Personal identity code \_\_\_\_\_ Family name and given name \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

## 2. Reason for the notification

a.  I wish to cancel the parental allowance I applied for earlier for the period \_\_\_\_\_ - \_\_\_\_\_

 If there are several periods, state the other periods at section 3 Additional information.  
The cancellation may result in an overpayment of the benefit.

b.  Giving up days of parental allowance for the benefit of someone else:

The child's date of birth \_\_\_\_\_

I give up \_\_\_\_\_ days of parental allowance. (State the number of days.)

**Person for the benefit of whom I give up days of parental allowance:**

Family name and given name \_\_\_\_\_

Date of birth \_\_\_\_\_

The person is

- my spouse/partner  
 the child's other parent, who is not my spouse/partner  
 the spouse/partner of the child's other parent  
 another person who is the legal guardian of the child.

**I have agreed with the aforementioned person to give up days of parental allowance:**

- Yes  
 No

c.  **Cancellation of turnover:**

I wish to cancel the turnover of days that I reported earlier.

I will not after all give up \_\_\_\_\_ days of parental allowance for the benefit of someone else. (State the number of days.)

**Person whom the notification of cancellation of turnover of days of parental allowance concerns:**

Family name and given name \_\_\_\_\_

Date of birth \_\_\_\_\_

d.  **Notification of benefit from abroad:**

Name of the institution that pays the benefit: \_\_\_\_\_

Country: \_\_\_\_\_

Benefit: \_\_\_\_\_

Amount of benefit: \_\_\_\_\_

Date of granting the benefit: \_\_\_\_\_

**i** Enclose the benefit decision or other documentation on the benefit.

e.  **Other reason:**

Please specify. \_\_\_\_\_

**3. 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.

**4. 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

