

***This claim form should be submitted to Mela without delay (within 60 days of the onset of the disease).  
Your claim shall be processed only when Mela has received the claim form.***

**1. Personal details**

Family name and first names	Personal ID
E-mail	Telephone
Address, postcode and city	
Bank account (if a foreign account, also the BIC code of your bank)	I wish to receive the decision in Finnish      in Swedish

**2. Details of occupational disease**

What symptoms do you have?

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What do you believe to be the cause of the symptoms?

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Describe the work tasks and conditions (*where and how the tasks are performed*) in which the symptoms appeared and in which you believe you became exposed to the symptoms:

**3. Type of MYEL-insured activity**

Farmer	Type of farming?	
No livestock	Yes. Type and number of animals?	
Grant recipient	Artistic activities	Scientific activities

What does the grant work involve?

#### 4. Employment, other business activities, studies and retirement

Are you employed?

No Yes. Employer's name, address and telephone number

Other business activities	Taxation law applied		
	Business (EVL)	Agriculture (MVL)	Do not know
Company name and line of business			

Are you covered by occupational accident and disease insurance (TyTAL)?

No Yes. With which insurance company?

Did you have to take leave from work?

No Yes. When?

Are you a student?

No Yes. Name of school/degree programme

Are you retired?

No Yes. What is your pension insurance company?

#### 5. Injury/illness

Type of injury/illness (e.g. hearing damage, skin rash)

Treatment facility/medical facility	Starting date of treatment	Occupational disability		
		3 days or more?	Yes	No
Have you had similar symptoms before?				
No	Yes, but not treated	Yes, treated (specify where)		

#### Further information

#### 6. Other compensation claims

Have you claimed compensation from other insurance companies?

No Yes, name of insurance company

Allowance

Reimbursement of expenses

Have you claimed sickness insurance compensation from Kela?

No Yes

Allowance

Reimbursement of expenses

**Remember to include with your claim all receipts and possible medical statements. To claim travel expenses, fill in the separate claim form (Travel Expense Claim Form – 7064). NOTE: Reimbursements for expenses must be applied for within one year from the date in which they were incurred. If the occupational disease has caused death, fill in the separate claim form to apply for a family pension (Form 7063 in Finnish/Swedish). Forms can be filled in on the Mela website and printed out: go to [mela.fi](http://mela.fi) > forms.**

In addition to the information provided in this form, Mela is legally entitled to use other pertinent information at its disposal for processing this claim. Mela may also request information pertinent to this claim from other parties as provided by the law. Mela is legally entitled to use the information it receives for processing this claim also for other purposes under certain conditions. Mela may disclose the information it receives for processing this claim to other parties who are entitled to receive such information subject to confidentiality provisions.

Mela may also use this claim to process my Mela sickness allowance claim and, if necessary, submit the claim documents to Kela on my behalf. Should the compensation be based on leisure-time MATA insurance, I hereby authorise Mela to receive the reimbursements for expenses that are paid in accordance with the Health Insurance Act.

**I have read the privacy statement, which describes the processing of my personal data by Mela. [mela.fi/benefits-gdpr](http://mela.fi/benefits-gdpr)**

Signature	I hereby declare that the information provided in this form is true and correct.
Place and date	Signature and name in block capitals

If the form is signed by a person other than the applicant, please give the respective reasons.

#### Mela

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