

**1. Applicant**

Family name		Finnish personal ID	
Given names			
E-mail		Telephone	
Address in Finland Please send the decision to my Finnish address		Address abroad Please send the decision to my foreign address	
Street address		Street address	
Postcode, city and country		Postcode, city and country	
Country of residence			
Finland		Other, where?	
Citizenship		I wish to receive the decision	
Finnish		in Finnish	
Other, what?		in Swedish	
Country in which grant or scholarship work is performed			
Finland		Other, where?	
Do you receive or have you applied for a pension?			
No		Yes, what kind of pension?	

**2. Grant or scholarship**

Issuer of the grant or scholarship		Date issued	
Work period		Are you in an employment relationship with the issuer of the grant or scholarship?	
Starts, date	Ends, date	No	Yes
<b>Field of science</b>  Educational sciences      Natural sciences Engineering and technology      Medicine and health sciences Agriculture and forestry      Social sciences Humanities		<b>Field of art</b>  Architecture      Literature and translating Visual arts      Children's culture Theatre and dance      Music Applied arts and crafts      Photographic art and cinema	
The grant or scholarship has been awarded for			
Basic studies		Doctoral / Post doc studies	
		Other research	
Intended use of grant or scholarship			

Was the grant or scholarship awarded to a group?

Yes      No, go to section 3.

My position in the group

Group leader (please also fill in the Group leader's notification form)

Member, name and contact information of group leader

### 3. Amount of grant or scholarship

Gross amount of personal grant or scholarship, euros

Itemised list of deductible expenses (*other than social security expenses*)

	Further information
euros	
euros	
euros	
euros	
<b>Total amount of deductible expenses</b>	<b>euros</b>

### 4. Voluntary leisure-time MATA accident insurance

I would like to apply for the leisure-time MATA accident insurance

Yes No

### 5. Further information

This application includes appendices

No Yes, which?

***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)***

### 6. Signature

*I hereby declare that the information provided in this application is true and correct.*

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

### Power of attorney

My application is signed by a person other than the applicant by power of attorney.

Power of attorney enclosed Power of attorney shall be provided later

Name of person acting under power of attorney	E-mail address	Telephone

#### Mela

Postal address  
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FINLAND

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