

\* - start typing on the line

\*  - Mark the answer by clicking on the square

## APPLICATION FOR SUSPENSION / CONTINUATION OF PAYMENT OF PENSION

### 1. DETAILS OF THE APPLICANT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	(street) (city/town) (county) (index)

### 2. DETAILS OF THE LEGAL REPRESENTATIVE:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address	(street) (city/town) (county) (index)

### 3. I REQUEST THE SUSPENSION OF PAYMENT OF PENSION:

<b>To increase the pension:</b>	
<input type="checkbox"/>	I am suspending the payment of pension to the extent of 50% in order to receive a pension increase according to <a href="#">Section 11<sup>1</sup></a> of the State Pension Insurance Act.
<input type="checkbox"/>	I am suspending the payment of pension to the extent of 100% in order to receive a pension increase according to <a href="#">Section 11<sup>1</sup></a> of the State Pension Insurance Act.
<b>In other circumstances:</b>	
<input type="checkbox"/>	in connection with starting work (early retirement pension)
<input type="checkbox"/>	in connection with starting a job in a profession that gives the right to a retirement pension on favorable conditions (retirement pension on favorable conditions on the basis of lists 1 and 2) or to a profession that gives the right to a superannuated pension
<input type="checkbox"/>	in connection with the wish to receive work ability allowance from the Unemployment Insurance Fund

### 4. I REQUEST THE CONTINUATION OF PAYMENT OF PENSION:

<input type="checkbox"/>	to the extent of 100% (fill in only if you want to continue receiving a previously suspended pension)
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### 5. USE OF TAX-FREE INCOME FROM PENSION:

<b>The pension is subject to income tax.</b>
If you are of old-age pension age and/or you reach old-age pension age during the calendar year of granting pension, the Social Insurance Board is obliged to automatically deduct tax-free income from your pension in the calendar month at the rate of an average old-age pension (2024: 776 euros).

<b>If you are not of old-age pension age and/or do not reach old-age pension age during the calendar year of granting the pension,</b> you can use the income tax exemption from the pension of 0 - 654 euros per calendar month. The income tax exemption can be used either at the Social Insurance Board or at the employer.
<input type="checkbox"/> I want to use the tax-free part of the amount from € 20 of the month

I do not wish to use the tax-free part.

**6. PLEASE CONTINUE TO PAY THE PENSION GRANTED TO ME:**

**TO AN ESTONIAN BANK ACCOUNT**

*If you have submitted different bank accounts to the Social Insurance Board, all benefits and allowances will be paid to the last account submitted (except payments related to a court order).*

<b>Name of the bank:</b> Valige loetelust <a href="#">click to open</a>	<b>Number of the current account:</b>	
<b>Name of the owner of the current account</b> <i>(fill in only if this is not your current account and you want compensation/allowance to the account of a third party)</i>		
<b>Current account owner's personal identification code or registry code</b> <i>(fill in only if this is not your current account)</i>		
<b>Reference number of the current account</b> ( to be filled in as needed if you want to receive the granted benefit /allowance to the bank account of a legal institution)		
<b>NB!</b> <i>If you want your allowance or benefit to be paid to a bank account of a third party, it is necessary to either digitally sign the application, notarize it, or contact the customer service of the Social Insurance Board.</i>		

**TO A FOREIGN BANK ACCOUNT**

*If you want to receive your pension in a foreign bank account, the owner of the account must be the recipient of the benefit/allowance, and it is not possible to submit a third-party bank account. In the case of a bank account in joint use, the account holder must match the name of the bank account holder.*

<b>Name of foreign bank account holder</b>	
<b>Personal identification code of a foreign bank account holder</b>	
<b>Number of the foreign bank current account</b>	
<b>BIC/SWIFT code of the foreign bank's current account</b>	
<b>Name and address of the foreign bank</b>	
<b>NB!</b> <i>If you want your allowance or benefit to be paid to a bank account in joint use, you must decide who you will designate as the holder of the bank account, as a bank account can only have one holder.</i>	

**7. I AM AWARE, and I CONFIRM that:**

<input type="checkbox"/>	<ul style="list-style-type: none"><li>• suspension/continuation of payment of retirement pension can be requested once per calendar month;</li><li>• suspension/continuation is possible only by calendar months;</li><li>• The suspension/resumption of pension payment will take effect in the calendar month following the submission of the application.</li></ul> <p><i>NB! If the application reaches the Social Insurance Board 5 working days before the end of the month, the suspension or continuation of pension payment will take effect from the month following the submission of the application.</i></p>
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**8. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:**

. . . 20	<b>The signature of the applicant:</b>	
	<b>The signature of the legal representative:</b>	
<input type="checkbox"/>	<b>The applicant or the applicant's legal representative has signed the application digitally</b>	