

**APPLICATION FOR ALLOWANCE**

To compensate for the difference between the national pension rate and the pension received from a foreign country for a person of the retirement pension age on the basis of a foreign agreement)

**1. MY DETAILS AS AN APPLICANT:**

First name	
Surname	
Estonian personal identification code	
Ukrainian identification code	

Place of stay in Estonia	
Contact phone number (with country code)	
E-mail address	

**2. NOTICE:**

I declare that I receive	pension in the amount of <i>(country name) (amount) (currency symbol)</i>
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**3. PLEASE PAY ME THE ALLOWANCE GRANTED TO ME**

*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>	<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)		

**4. I AM ADDING TO THE APPLICATION:**

<input type="checkbox"/> Copy of identity document/passport
<input type="checkbox"/> Foreign pension certificate
<input type="checkbox"/> A copy of the police and Border Guard Board's decision on temporary protection / supplementary international protection
<input type="checkbox"/> Certificate of Ukrainian pension amount issued by the Pension Fund of Ukraine or a bank-issued certificate of how much the Ukrainian Pension Fund has transferred to you for the last Ukrainian pension. If your pension is transferred to a third party's account and the name of the pension recipient (in this case, you) is not visible in the payment explanation, please provide us with a certificate of the amount of the Ukrainian pension issued by the Pension Fund of Ukraine.

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

<input type="checkbox"/>	the data and documents provided in the application and annexes are correct and complete to the best of my knowledge;
<input type="checkbox"/>	the allowance is paid only if I live in Estonia;
<input type="checkbox"/>	the amount of the allowance is the rate of the national pension, from which the amount of the pension received from another country has been deducted;
<input type="checkbox"/>	I can access the decision in the self-service environment of the Social Insurance Board.
<input type="checkbox"/>	I am obliged to notify the Social Insurance Board within ten days of all circumstances that lead to the termination or change of payment of the allowance. <i>(FOR EXAMPLE, if the pension paid from a foreign country increases, if I move to a country other than Estonia);</i>

**6. DATE AND SIGNATURE OF SUBMISSION OF APPLICATION:**

. . . 20	My signature, i.e., the signature of the applicant:	
<input type="checkbox"/>	The applicant has signed the application digitally	