

## PENSION APPLICATION

### 1. MY DETAILS AS AN APPLICANT:

First name	
Surname	
Personal identification code	
E-mail address	
Contact phone number:	
Postal address <i>(we will send you a pension certificate to this address)</i>	<i>(street) (city/town) (county) (index)</i>
Foreign address <i>(fill in if you live outside Estonia)</i>	<i>(street) (city/town) (county) (index)</i>

#### We will issue you a pension certificate.

- I would like to receive a pension certificate
- As an **unregistered letter** *(we will send the pension certificate to the postal address specified in your personal data)*
- As a **registered letter** *(we will send the pension certificate to the postal address specified in your personal data) A registered letter means that if the letter cannot be delivered to you within three working days, a message will be left for you, and you will receive the letter from the post office within 15 calendar days.)*
- I do not want to receive a pension certificate

### 2. DETAILS OF THE LEGAL REPRESENTATIVE:

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

### 3. TYPE OF PENSION

PLEASE GRANT ME	type of pension	FROM . . . 20
		<i>(pension start date)</i>

### 4. MY DECLARATIONS:

I hereby declare that:	I <b>receive</b> a pension from a foreign country <input type="checkbox"/> I <b>do not receive</b> a pension from a foreign country <input type="checkbox"/>
<input type="checkbox"/> <b>I am aware and confirm</b> that you have the right to make additional inquiries in respect of me to the competent authority of a foreign country in order to check whether I do or do not receive a pension from a foreign country as a recipient of a pension from a foreign country, the payments of the national pension will be stopped from the following month, and the overpayment process will be initiated for the benefit periods paid without basis.	

<input type="checkbox"/>	I <b>have not</b> worked in foreign countries
<input type="checkbox"/>	<b>The provider has not</b> worked in foreign countries <i>(to be filled in only if you are applying for a survivor's pension)</i>
<input type="checkbox"/>	I <b>have</b> worked in foreign countries
<input type="checkbox"/>	<b>The provider has</b> worked in foreign countries <i>(to be filled in only if you are applying for a survivor's pension)</i>

Country	Name of the employer	Period of employment


**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).

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, 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
<input type="checkbox"/> I do not wish to use the tax-free part.

**6. PLEASE PAY ME 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>	<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> 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.		

**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> 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.	

**HOME DELIVERY AT STATE EXPENSE**

**NB!** Home delivery requires the customer to be at home on a specific date set by the service provider.

*If the Social Insurance Board pays you different types of benefits and allowances, they are all paid either to a bank account or delivered to your home.*

<b>Address</b>	
<b>Postal code</b>	
<b>The reason why I am requesting a home delivery at the expense of the Social Insurance Board:</b>	

7. THE DATA AND DOCUMENTS NEEDED TO GRANT MY PENSION ARE:

Document Type		Detailed information				
1.	Employment record book		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Submitted <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
2.	Working hours not covered by documents (NB! An additional document must be filled in <a href="#">for a request for proof of pension qualifying period</a> )		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
3.	Birth certificate (required if the information is not available in the population register, e.g., the child was born outside Estonia)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
4.	Marriage certificate (required if the information is not available in the population register, e.g., if the marriage was concluded outside Estonia)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
5.	Death certificate (required if the information is not available in the population register, e.g., the death was recorded outside Estonia)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
6.	Military document or other document showing military service or substitute service ( indicate the place of referral to military service)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
7.	Studying in a vocational education institution during the day or in the full-time study form of a university or an institution of professional higher education		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
8.	Notice of the Estonian Unemployment Insurance Fund about receiving unemployment benefits or participation in labor market training (until 31.12.1998)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
9.	Notice on working as a sole proprietor.		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
10.	Consent of the child's other parent or carer to include the years of raising children in the pensionable service (NB! You must fill out <a href="#">an application on a waiver of rights</a> )		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>		I will not submit at all <input type="checkbox"/>
11.	Certificate of repressed person, rehabilitation certificate		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
12.	Official's service record		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
13.	Period of care for a disabled person of group I or a disabled person under the age of 18 (until 31.12.1998)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
<input type="checkbox"/> YES, I confirm that I have taken care of a disabled person of group I, a disabled child, or a disabled person under the age of 18.						
14.	Other documents proving pensionable service (write down the name of the document)		Enclosed to this application <input type="checkbox"/>	I will submit it later <input type="checkbox"/>	Make an inquiry <input type="checkbox"/>	I will not submit at all <input type="checkbox"/>
I PROMISE TO SUBMIT THE MISSING DOCUMENTS TO THE SOCIAL INSURANCE BOARD THE LATEST BY				. . 20 (incl.)		

ADDITIONAL INFORMATION THAT YOU CONSIDER IMPORTANT: (e.g., you were on academic leave in 1991-1992)

8. CONSENT TO MAKING INQUIRIES IN ARCHIVES AND OTHER INSTITUTIONS STORING DOCUMENTS FOR THE GRANTING AND PAYMENT OF MY PENSION, IF NECESSARY:

<input type="checkbox"/>	YES, I give my consent and undertake to pay the state fee and service fee, if necessary, in connection with making inquiries to the archives according to their price list.
<input type="checkbox"/>	NO, the pension can be granted without making additional inquiries, i.e., only on the basis of the data and documents provided by me, and I am aware that additional inquiries will not be made to archives and other institutions that store documents.

9. I AM APPLYING FOR PENSION QUALIFYING PERIOD/PENSION SUPPLEMENT FOR THE FOLLOWING CHILDREN:

The child's first and last name	The child's date of birth or personal identification code	Name and personal identification code (or date of birth) of the child's other educator or caretaker	I am applying for an old-age pension on favorable conditions	I am applying for two years of pension qualifying period or a pension supplement for raising a child	I am applying for the time spent caring for a small child up to 3 years of age to be included in the pension qualifying period.	I confirm that I have raised a child for eight years and/or looked after a toddler up to 3 years old.
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION If you apply for the time of caring for a small child up to 3 years of age to be included in the pension qualifying period, please indicate here which specific periods for which child you wish to be included (from... to...)

10. I AM AWARE, and I CONFIRM that:

- 1) the data and documents provided in the application and annexes are correct and complete to the best of my knowledge;
- 2) I am obliged to notify the Social Insurance Board in writing within ten days of all circumstances that lead to the termination, suspension, or change in the amount of the state pension (FOR EXAMPLE, if I move to a country other than Estonia or receive a pension from a foreign country);
- 3) if additional data or documents are not submitted by the deadline, the Social Insurance Board makes a decision on whether or not to grant a pension based on the available data and documents;
- 4) If I want to receive my pension in a third party's current account, I will sign the application DIGITALLY.

11. WHEN APPLYING FOR THE APPROPRIATE TYPE OF PENSION, I AM AWARE and I CONFIRM that:

<input type="checkbox"/>	<p><b>As an applicant for an early retirement pension, I am aware that:</b></p> <ul style="list-style-type: none"> <li>• when calculating the early retirement pension, the pension is reduced by 0.4% for each month retired before and for a period shorter than that;</li> <li>• early retirement pension is determined for life and is not recalculated into an old-age pension or into an old-age pension under favorable conditions;</li> <li>• early retirement pension is not paid if working until the state old-age pension;</li> <li>• I undertake to notify the Social Insurance Board of starting work within ten days.</li> </ul>
<input type="checkbox"/>	<p><b>As an applicant for a flexible pension before old-age pension age, I am aware that:</b></p> <ul style="list-style-type: none"> <li>• when calculating the flexible pension granted before the old-age pension, the pension is reduced for each month previously retired and for a period shorter than that, depending on the time of retirement, the life table of Statistics Estonia and the interest rate of European Central Bank bonds;</li> <li>• the percentage applied to granting the pension will not change in the future;</li> </ul>

<input type="checkbox"/>	<ul style="list-style-type: none"> <li>before the old-age pension, each flexible pension granted is granted for life and is not recalculated into an old-age pension or into an old-age pension under favorable conditions;</li> <li>according to § 9<sup>1</sup> of the State Pension Insurance Act, Flexible old-age pension shall not be increased after attaining the pensionable age provided for in § 7 of this Act pursuant to the procedure provided for in § 11<sup>1</sup> of this Act for a period during which the person receives a state pension or a pension from another state.</li> </ul>
<input type="checkbox"/>	<p><b>As an applicant for an old-age pension or a superannuated pension on the basis of list 1 or 2, I am aware that:</b></p> <ul style="list-style-type: none"> <li>I undertake to notify the Social Insurance Board within ten days of starting a job that entitles me to an old-age pension or a superannuated pension.</li> </ul>
<input type="checkbox"/>	<p><b>As a person who has completed military service, I am aware that:</b></p> <ul style="list-style-type: none"> <li>According to § 28 (5) of the National Pension Insurance Act, the time during which a person is in compulsory military service or compulsory alternative service shall be included in the years of pensionable service if the person was referred to service from Estonia or the person lived in Estonia before and after being referred to service from outside of Estonia and the pension qualifying period of the person earned in Estonia is at least fifteen years, and no other state is paying pension for such pension qualifying period.</li> </ul>
<input type="checkbox"/>	<p><b>As an applicant for a retirement pension on favorable conditions for the liquidator of the Chernobyl nuclear power plant, I am aware that:</b></p> <ul style="list-style-type: none"> <li>My personal data (including data contained in the health information system*) are processed to the extent necessary to identify the circumstances underlying the granting of the benefit, paying the benefit, or carrying out other activities resulting from the application. *it is possible to access your health data in the patient portal at the internet address <a href="http://www.terviseportaal.ee">www.terviseportaal.ee</a>.</li> </ul>

**12. ISSUING A PENSION DECISION:**

<p>We will issue the decision on granting the pension to you via the self-service environment of the Social Insurance Board. You can read the decision by entering the Social Insurance Board's self-service portal. Notification about the decision added to the self-service environment will be sent to the e-mail address specified in your personal data.</p>	
<p>If you want to receive a decision on the granting of your pension in another way, please tick one of the options.</p>	
<input type="checkbox"/>	<p>Unencrypted to the e-mail address (we will send the decision to the e-mail address specified in your personal data)</p>

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

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