APPLICATION FOR FAMILY ALLOWANCES, PARENTAL BENEFITS AND ADDITIONAL CONTRIBUTIONS TO THE MANDATORY PENSION FUND

## 1. APPLICANT DETAILS

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| Name | |
| Surname | |
| Personal ID code | |
| E-mail address *If you have an email address, we will deliver documents and notices to you electronically only.* | |
| Phone number | |
| Postal address | *(street) (city) (region) (postal code)* |

## 2. DETAILS OF CHILD/CHILDREN

| First name | Surname | Date of birth OR personal ID code | Contact address *( if different from the applicants' address)* |
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## 3. SELECT BENEFITS YOU ARE APPLYING FOR

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| ☐ | family allowances *(please mark appropriate)* –<br>☐ birth allowance ☐ child allowance ☐ single parent's child allowance ☐ allowance for family with many children ☐ adoption allowance ☐ guardianship allowance |
| ☐ | parental benefit *(please mark appropriate)* –<br>☐ maternity benefit ☐ paternity benefit ☐ shared parental benefit ☐ adoption benefit |
| ☐ | conscripts' child allowance |
| ☐ | additional contributions to mandatory funded pension |

## 4. INCOME TAX EXEMPTION FROM PARENTAL BENEFIT

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| Parental benefit is subject to income tax based on your gross income for the calendar month. The income tax exemption may be applied either by the Social Insurance Board or by your employer. |
| **Please apply the income tax exemption to the benefits paid by the Social Insurance Board that are subject to income tax as follows:** |
| ☐ apply the income tax exemption at the maximum rate **(**700 € per calendar month**)** beginning from *(month)* 20 *(year)* |
| ☐ apply the income tax exemption in the amount of € *(income tax exemption range 0.01–699.99 € per calendar month)* beginning from *(month)* 20 *(year)* |
| ☐ do not apply the income tax exemption |

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| **If you have reached retirement age or will reach retirement age during the calendar year**, the Social Insurance Board will be obliged to automatically apply income tax exemption to your pension first. Income tax exemption for pensioners is 776 euro a month.<br>You have the right to use the remaining exemption amount on parental benefits. |
| ☐ apply the income tax exemption in the amount of € beginning from *(month)* 20 *(year)* |

## 5. PAYMENT OF ALLOCATED BENEFIT/ALLOWANCE

☐ ESTONIAN BANK ACCOUNT

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

| Bank name: | IBAN/Account number: | |
|---|---|---|
| Account holder's name *(fill only if this is not your account and you want to receive compensation/benefits to a third party account)* | | |
| Account holder's personal ID code or registration number *(fill only if this is not your account)* | | |
| Reference number of the account *(fill only if you want to receive the compensation/benefits to the bank account of a legal entity)* | | |
| ***NB!*** *If you want your benefits or allowances to be paid into a third party's bank account, you must either digitally sign the application, have it notarized, or go to the Customer Service Office of the Social Insurance Board.* | | |

☐ FOREIGN BANK ACCOUNT

*If you want to receive benefits/allowances to a foreign bank account, the account owner must be the recipient of the benefit/allowance. It is not possible to use a third party bank account.*

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| Foreign bank account holder's name | |
| Personal code of the account holder in a foreign bank | |
| Foreign bank account number | |
| Foreign bank BIC/SWIFT code | |
| Name and address of the foreign bank | |
| ***Note!*** *If you want your allowance or benefits to be paid into a joint bank account, you must decide who you will designate as the owner of the bank account, since a bank account can only have one owner.The name given here has to match the name in the bank.* | |

## 6. ADDITIONAL DOCUMENTS

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| ☐ | legal agreement on child care in the family *(if applicable)* |
| ☐ | document on adoption in a foreign country *(if applicabke))* |
| ☐ | confirmation of the child's education abroad *(if the child is 19 years old)* |
| ☒ | a certificate from the employer about the period of work in another country of the European Union, Switzerland, Norway, Iceland or Liechtenstein *(to be submitted by the applicant for parental benefits if the applicant was employed in these countries during the two years prior to the child's birth)* |
| ☒ | child's birth certificate *( if the child is not in the Estonian population register)* |

## 7. BENEFIT/ALLOWANCE DECISION

We will notify you of the decision by e-mail. You can view the decision in the Social Insurance Board's self-service portal.

## 8. SOCIAL INSURANCE BOARD MUST BE NOTIFIED, IF

*Failure to inform may result in overpayment and a demand for a refund.*

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| You, your child, or other parent move to another country; |
| You or the other parent starts working in another European Union country, European Economic Area country or the Swiss Confederation; |
| Your child begins studying, stops their studies or completes their studies in another country; |
| You are granted benefits/allowances in another country |
| Your child is placed in a childcare institution or other reasons that affect the right to receive benefits and allowances from the Social Insurance Board; |

## 9. APPLICATION DATE AND SIGNATURE

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| . . 20 y. | Applicant's signature: | |
| ☐ | Application is signed digitally | |