

Application for unemployment benefit

Basic unemployment allowance/labour market subsidy

Unemployment benefits are available retroactively for a maximum of 3 months from the date of the claim, in order for your application to be processed, you need to be registered at AMS.

Unemployment benefits can only be paid for periods in which you are registered at AMS as unemployed and looking for work.

You can also apply for unemployment benefit at www.ams.ax.

1. Applicant

Last name	First name
Personal identity code	Address
ZIP code/post code and municipality/post office	
Phone number	E-mail address

2. Account number

IBAN FI	BIC
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3. Claim

I claim for unemployment benefits
from _____ / _____ 20 _____

I am

Unemployed and not working at all

Furloughed/laid off temporarily

Employed irregularly or on a part time basis

Student

Self-employed

In other activity agreed with AMS, such as labour market training or work try out

An informal caregiver/a family caregiver, agreement valid starting _____

Other situation, please describe _____

Are you a member of an unemployment fund?

No Yes, since _____ / _____ 20 _____

Name of the unemployment fund (check with your fund whether you are entitled to an earningsrelated unemployment allowance)

I have been paid earnings-related unemployment allowance for the maximum period of time.
(Attach the decision from your fund).

Have you received sickness allowance for the maximum period?

No Yes, since _____ / _____ 20 _____

Are you looking for and are you able to accept full-time work according to your work capacity?

No Yes

Seeking and being able to accept full-time work is a basic requirement for receiving unemployment benefits. The only exception is if you are receiving a partial disability pension. For information on the documents needed, see page 5.

4. Period preceding unemployment

Your previous employment affects whether you can get basic unemployment allowance or labour market subsidy.

As of 2.9.2024, the work requirement for wage earners is met when you have worked in paid employment for 12 months in the last 28 months. Before 2.9.2024, the work requirement is met when you have worked for 26 calendar weeks with a minimum of 18 hours per calendar week in the last 28 months. The salary must have been paid according to a collective agreement.

See the conditions for work taken into account regarding the working conditions and necessary attachments in section 11.

Before becoming unemployed, I was	
<input type="checkbox"/>	Employed for 12 months or more during the previous 28 months (reference period). The condition regarding the terms of employment is met.
<input type="checkbox"/>	Employed for fewer than 12 months. The condition regarding the terms of employment is not met.
<input type="checkbox"/>	Self-employed for 15 months or more during the previous 48 months (reference period). The condition regarding the terms of employment is met.
<input type="checkbox"/>	Self-employed for fewer than 15 months. The condition regarding the terms of employment is not met.
<input type="checkbox"/>	The above period includes employment abroad. Please state in which country. _____
<input type="checkbox"/>	The aforementioned period includes work in a company owned in full or in part by a family member. Here a family member means spouse or partner, or child, parent or grandparent who lives in the same household. Name of company _____ Owner of company _____
Work performed in Finland counts towards the working condition. Work performed in other EU/EEA country or in Switzerland may do so. Submit certificate U1 (Certificate concerning the periods to be taken into account for the granting of unemployment benefits) from the country of employment in order to speed up the claims process. For further information www.kela.fi/unemployment .	
<input type="checkbox"/>	Before becoming unemployed, I did not work during the following period _____ - _____
Please indicate your reason for not working	
<input type="checkbox"/>	Studies
<input type="checkbox"/>	Child care
<input type="checkbox"/>	Illness
<input type="checkbox"/>	Military/civilian service
<input type="checkbox"/>	Other reason, please specify _____
The 28/48-month reference period for meeting the condition on terms of employment may be extended for the reasons stated above	

5. Education

Have you completed a vocational training or a degree of higher education?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Bring a copy of the vocational training	
If you have not completed any vocational training or course of higher education, a waiting period of 21 weeks may be applied to the labour market subsidy. The waiting period can be shortened by, for instance, paid work or self-employment that counts towards the condition regarding the terms of employment.	

6. Income during employment

Please indicate here if you receive such income as copyright royalties or income from independent work.

Always state what kind of benefit or allowance you have applied for or been granted. Always include decisions about benefits that have been granted. Any changes in your income must be reported to AMS during the time you are receiving unemployment benefit.

During the period of unemployment will you be paid:	
A wage or salary?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, on a regular or occasional basis
Income from business or self-employment?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
A foreign payment such as a pension or social security benefit?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
Have you applied for or obtained, a pension, allowance or other benefit?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes, please specify: _____

Child home care allowance

Have you applied for or been granted child home care allowance?

No

Yes, attach decisions on home care allowance.

Is your spouse or partner paid child home care allowance?

No

Yes

Who looks after the child in question? _____

Please answer the following question if your spouse or partner receives child home care allowance

Is your spouse or partner employed, self-employed or studying during the time for which he/she receives child home care allowance?

No

Yes, please describe the activity:

Will you have regular income during the period of unemployment?

No

Yes What type of income?

Income from investments, such as rental income, dividends or interest income

Compensations for service, such as those paid for attending a meeting or serving in a position of trust.

Please specify: _____

Informal care allowance or family caregiver fee

Compensation from voluntary insurance.

Other income

Please specify: _____

Do you own forest land?

No

Yes Please state in which municipality it is located _____

How many hectares? _____

If you own forest land, a computed monetary income is assigned to it based on the municipality in which it is located.

7. Your parents' income

If you live with your parents, answer the following question. If your parents have income in excess of 1781 euro per month, it may affect the amount of labour market subsidy due to you. If you do not provide information about your parents' income, your benefit will be 35 % of the labour market subsidy.

If you participate an activity agreed with AMS, you are entitled to full unemployment benefit.

Do you live in your parents' household?

No

Yes

I will provide information on the form: Utredning om föräldrarnas inkomster

I will not provide information about my parents' income and thus authorizes that AMS may grant me only 35 % of the labour market subsidy.

8. Period of unemployment

Please fill in the schedule below detailing your daily status during unemployment, including Saturdays and Sundays.

Complete the schedule starting from the first day of unemployment and ending when you submit your claim to AMS. Also report if you have worked or been ill.

Your first application can be submitted when you have been unemployed for two weeks. If you have worked during the reported period, you can submit your claim after 4 weeks.

Also state if you have participated in activities agreed with AMS, such as labour market training or work try-out. Also indicate if you have been absent from the agreed activity. Also indicate whether your absence was due to your own illness or illness of a child under the age of 10. If the absence due to illness last longer than 3 consecutive days, you should submit a certificate from a doctor or nurse to AMS.

EXAMPLE														
Date		Description	hrs	min	Date		Description	hrs	min	Date		Description	hrs	min
Mon	25/9	Work activity	7	30	Mon					Mon				
Tue	26/9	Unemployed			Tue					Tue				
Wed	27/9	Sick			Wed					Wed				
Thu	28/9	Unemployed			Thu					Thu				
Fri	29/9	Work activity	7	15	Fri					Fri				
Sat	30/9	Work activity	3	20	Sat					Sat				
Sun	1/10	Unemployed			Sun					Sun				

Date		Description	hrs	min	Date		Description	hrs	min	Date		Description	hrs	min
Mon					Mon					Mon				
Tue					Tue					Tue				
Wed					Wed					Wed				
Thu					Thu					Thu				
Fri					Fri					Fri				
Sat					Sat					Sat				
Sun					Sun					Sun				

Unemployment or activity agreed with AMS continues

Unemployment will end _____ - _____ - _____ because

I will start full-time work that lasts more than 2 weeks. Where? _____

I will start full-time self-employment that lasts more than 2 weeks

I will start a course of study. Where? _____

Other reason, please specify? _____

9. Additional information

10 Signature

Remember to sign your application before submitting it to AMS. An application that has not been signed cannot be processed.

I declare that the information I have given is true and accurate. I will notify any changes.	
City and date	Signature

Failure to provide accurate information to AMS may lead to repayment of unemployment benefit and report to the police.

11. Attachments

If you were in paid employment or self-employed before becoming unemployed, please provide the following documents:

- A certificate of employment showing work performed in the last 28 months, as well as any remuneration received when your employment ended.

As of 2.9.2024, the work requirement for wage earners is met when you have worked in paid employment for 12 months in the last 28 months. Before 2.9.2024, the work requirement is met when you have worked for 26 calendar weeks with a minimum of 18 hours per calendar week in the last 28 months. The salary must have been paid according to a collective agreement. The work requirement for entrepreneurs is met when you have worked as an entrepreneur for a total of 15 months in the last 48 months. The 28/48-month period may be extended for acceptable reasons, such as studies, military service or care of children under 3 years of age.

Include documents for all income you report in section 6

- Certificate of copyright claims paid in the current or previous year.
- Verification of income from business activities
- If you have rental income, in addition to rental agreements or rent quotes, please attach a receipt for the expenses that the rental results (such as heating fees, water fees and company fees).
- If you have capital income, please attach your tax decision.

Parental income if you live with your parents and do not participate in activities with AMS.

- Fill out the form Utredning om föräldrarnas inkomster.

If you have obtained maximum sickness allowance from FPA, you are still sick and seek unemployment benefits pending a pension decision.

- Certificate that you have applied for or been rejected pension.
- Current medical certificate.
- If you still are employed. Declaration by the employer if relocation within the company is possible or not.

Other attachments:

- Tax card for benefit. A preliminary tax of 20 % is withheld on unemployment benefit, unless you attach a tax card for benefit to AMS.
- Medical certificate. Always attach a medical certificate if your incapacity for work has been confirmed with a medical certificate. If you participate in activities that have been agreed with AMS and the sick leave applies to your own illness that has lasted more than 3 consecutive days, you must submit a certificate from a doctor or a health care provider. If sick leave applies to children under 10, a medical certificate must be submitted if the sick leave lasted more than 4 consecutive days.
- Copy of vocational training.
- Decision from your unemployment fund that you have obtained the maximum earnings-related unemployment allowance.
- Home care allowance. If you receive home care allowance from your municipality, you must submit the decision of the granted allowance.
- Furloughed or laid off temporarily. Submit a certificate from your employer if you are furloughed/laid off temporarily.