

Applicant's name:

Social security number:

Address:

Postal code and city:

CHILD HOME CARE ALLOWANCE AND CARE SUPPLEMENT

Mark the correct option and return the form to IAET-kassa as soon as possible but no later than when applying for benefits.

OUR FAMILY RECEIVES CHILD HOME CARE ALLOWANCE THAT IS PAID TO:

- myself
- my spouse who is unemployed
- my spouse who works full-time/part-time
- my spouse who is studying
- my spouse, who takes care of the children at home and is not receiving unemployment benefits, sickness allowance, financial aid for students or suchlike benefit, or income from entrepreneurship or agriculture
- my spouse who takes care of the children at home and receives the following benefit:

ATTACH THE DECISION THAT STATES THE AMOUNT OF THE ALLOWANCE.

OUR FAMILY HAS APPLIED / WILL APPLY FOR CHILD HOME CARE ALLOWANCE FROM:

Attach an explanation about the receiver, situation of the receiver, and other income according to the specification above (employed/unemployed/similar, salary earner/other benefit or income/similar).

OUR FAMILY DOES NOT RECEIVE CHILD HOME CARE ALLOWANCE

You must notify IAET-kassa if the situation changes.

Date

Signature

___/___ 20___

Your application will be handled only after this form is returned to IAET-kassa.