Munuais- ja maksaliitto
NJUR- OCH LEVERFÖRBUNDET

GUIDE TO FINNISH SOCIAL SECURITY

2026

The Finnish Kidney and Liver Association
Munuais- ja maksaliitto ry
www.muma.fi/sosiaaliturva

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0 Introduction

The Finnish Kidney and Liver Association has compiled this guide for English-speaking kidney and liver patients and organ recipients living in Finland. Even if you do not speak Finnish, sometimes you might need to know the Finnish terms for important words and expressions; therefore we have compiled a glossary of terms at the end of this guide. All the terms included in the glossary are shown in italics within the text (once per subsection).

This guide has been tailored specifically to the needs of people who do not speak or are not fluent in Finnish, and who might not be familiar with *social and healthcare services in Finland*.

Please note that some factors might restrict or affect your access to some services. Factors include your immigration status, whether you are an European Union citizen, how long you have lived in Finland, and how long you have worked in Finland. Always check with the relevant authorities about your situation.

The distribution of many social and healthcare services is organized at the county level (*wellbeing services county*).

There are three ways to access healthcare services in Finland: *public healthcare*, *private healthcare*, and *occupational healthcare*. This guide addresses mainly the public healthcare system.

Primary healthcare is essential healthcare that does not require a specialist; it is usually provided in a *health center*. When a health center has more than one location, each of them is called a *health station*. In this guide we use the term “health station” to refer to both.

Health stations are open on *working days* during business hours. If they are closed, and you need urgent care, you can go to an *emergency room or clinic*.

To access *specialized medical care* you must first get a *referral* from a primary doctor or dentist. Specialized medical care is usually provided in a *hospital*, at either a *clinic* or *polyclinic*, depending on the specialty. In this guide we use the term “polyclinic” to refer to both.

You can access your personal health record, including information about past appointments, diagnoses, and medications by using the My Kanta Pages online service at www.kanta.fi/omakanta.

There are several ways to access *social services* in Finland. The *Social Insurance Institution (SII)*, commonly known as Kela, provides a number of social services and financial support. Additionally, your wellbeing services county offers other kinds of social services and financial support. Further sources of services and support will be addressed later in this guide. All social services have separate requirements, rules, and application processes.

Additionally, Finland has many patient associations, such as the Finnish Kidney and Liver Association. The purpose of patient associations is to advocate for patient’s rights, provide information about different health conditions, help patients and their close ones navigate social and healthcare services, and oftentimes organize *adaptation training* courses.

Most of the materials published by the Finnish Kidney and Liver Association are in Finnish, but you can contact the association in Swedish and English as well.

You can find information about the Finnish social security system and other aspects of Finnish life in several languages at www.infofinland.fi.

0.1 If you need an interpreter

You always have the right to access *social and healthcare services* in Finnish and Swedish. Additionally, many social services officials and healthcare professionals

speak English as well, and some speak other languages.

If you need *interpretation services*, you have the right to receive them free of charge in some situations but not others. When you are not able to receive free interpretation services, you can book a private *interpreter*, but you will have to cover the full cost yourself.

When handling matters with Kela, you always have the right to get free interpretation services. You can book the interpreter by calling Kela, and the appointment time will be decided between you, Kela, and the interpreter.

When handling matters with other institutions, you sometimes have the right to get free interpretation services. Situations where you are entitled to free interpretation services include those when Finnish authorities initiate the processing of the matter in question. You should always ask the particular official handling your case.

When accessing healthcare, you have the right to get free interpretation services. When booking a health-related appointment, notify the healthcare professional that you will need interpretation services, and they will book the interpreter and cover the cost.

More information:

www.kela.fi- Interpretation services

www.migri.fi - Interpreting

www.infofinland.fi - Do you need an interpreter?

1 Patient care

1.1 Choosing a healthcare unit

You can choose the *health station* that is responsible for your *primary healthcare*. It is possible to choose a health station anywhere in Finland, although most people choose one in their wellbeing services county. You can switch health stations at most once per year by sending a written notification to both your old and your new health station. You must submit this notification at least 3 weeks before the first visit to your new health station.

You can be a *client* of only one health station at one time. If you spend a lot of time away from your primary health station, for example at a summer cottage elsewhere in Finland, you can get treatment in accordance with your healthcare plan at a secondary health station. You can arrange this by sending a written notification to both your permanent and your temporary health station, and the responsibility for your care will be transferred within 3 weeks of you submitting said notification.

If you need *specialized medical care*, you can choose to get it from any *hospital* in Finland. You will choose the specialized healthcare unit together with the doctor or dentist who is writing the *referral*.

Whenever logistically possible you also have a right to choose your doctor or other healthcare professional within a *healthcare unit*.

More information:

www.suomi.fi - Choose your place of treatment

1.2 Accessing healthcare

You have the right to receive urgent care if your *illness* or *disability* requires it. On *working days*, *health stations* are obligated to have official telephone times during which *patients* can call without delay.

Your health station must evaluate your need for care the same day you contact them, although in many cases the need is already evaluated during the initial telephone call. A doctor or any other qualified healthcare professional can make the evaluation. If the situation warrants it, the health station must schedule you an urgent appointment. Otherwise, treatment must be accessed within three months of the assessment of the need for care.

Hospitals, on the other hand, must evaluate the need for care within 3 weeks of receiving a *referral*. The evaluation may be made based on the referral, or you may be called into the hospital for an in-person evaluation.

If a healthcare professional at the hospital assesses that you need *specialized medical care* and accepts the referral, care must be provided within 6 months (3 months in the case of mental health patients who are children or young people).

You must be informed of when an appointment will be. If the appointment time changes, you must be immediately notified about the reason for the change as well as the new appointment time.

If a hospital cannot provide care within the time stipulated (6 or 3 months depending on the case), they must arrange a suitable alternative; for example, at a different public hospital or a private healthcare unit. This alternative arrangement cannot lead to additional costs for you.

More information:

www.choosehealthcare.fi - Right to receive an assessment of the need for treatment within a specific time

1.3 Continuing power of attorney

As an adult, you can make a *continuing power of attorney* that will take effect if you become unable to manage your affairs because of a debilitating illness or other incapacity.

The *power of attorney* must be done in writing and signed by both the *grantor* and the *agent*. With this document you (the grantor) authorize another person (the agent) to act on your behalf, and they consent to having this responsibility.

You decide freely which matters the power of attorney will cover. You can authorize the agent to, for example, make healthcare decisions. You can also describe how the activities of the agent should be supervised. When writing a power of attorney, it is a good idea to get help from a *legal aid office* or an *attorney-at-law*.

A power of attorney comes into effect only with the approval of *Digital and Population Data Services Agency*. Approval may be requested only when you become unable to handle your own affairs; in most cases the approval requires attaching a *medical certificate*.

Digital and Population Data Services Agency oversees the agent while the power of attorney is in effect and might ask the agent to submit an official report of their activities and decisions.

More information:

www.dvv.fi - Continuing power of attorney

1.4 Advance directive

If you are an adult you can make an *advance directive*, where you explain your wishes regarding future healthcare if you become legally incapacitated due to serious illness, accident or old age. An advance directive can also be called “advance decision” or “living will”.

It is a good idea to make an advance directive in writing, so that health care providers can refer to it as needed. It is also a good idea to tell your close ones about its existence and location, in case of accident or sudden illness.

You can create a free form advance directive or use a template. It can contain detailed instructions for different health-care situations; healthcare professionals are obligated to follow said instructions as closely as possible.

You can also save your advance directive electronically using the *My Kanta Pages* online service. It would also be a good idea to print it out, go through it with your doctor, and discuss what your advance directive means for your possible future care.

More information:

www.thl.fi- Advance decision

Save a living will in My Kanta Pages

2 Social services

2.1 Service needs assessment

If you have an *illness* or *disability*, your *well-being services county* can grant you *social services* based on a *service needs assessment*. The assessment can be requested from *social office* by you or by someone close to you and is based on your personal statement as well as on a professional opinion by an expert. The goal of the assessment is to evaluate your need for help and support. In urgent cases, the evaluation is always performed right away.

If you are above 75 years of age or receive the *care allowance at the highest rate* from Kela or are person with disabilities, you have the right to get a service needs assessment within 7 days after contacting your wellbeing services county. This deadline applies if you are not yet a social services client or your needs have changed.

More information:

www.infofinland.fi - Services for disabled persons

www.stm.fi - Disability services

www.stm.fi - Sosiaalipalvelujen saatavuus (in Finnish)

2.2 Client plan

In order for you to receive *social services*, you must create a *client plan* in conjunction with a *social worker*. The client plan includes a description of your life situation, as well as what you are able to do. It details what types of services you need, what should those services involve, and how they should be arranged. When making a client plan, you and the officer evaluate the different service options available to you. The client plan also incorporates your personal opinion, which officials are not allowed to ignore during the decision-making stage without a valid reason.

A client plan is an action plan between you and a wellbeing services county, not a binding disability service decision. After making a client plan, you will have to apply to the different services separately. The client plan must be revised if your circumstances change or as otherwise needed.

More information:

www.infofinland.fi - Services for disabled persons

www.thl.fi - Asiakassuunnitelma (in Finnish)

2.3 Home care services

Home care services include domestic services, home nursing, and other services that can help you cope with home life.

You can get *domestic services* if you need help with everyday activities due to your *illness* or *disability*. Domestic services can include for example meal delivery, a safety phone, and help with errands or personal hygiene.

You can get *home nursing* if you need home-based medical care. The goals of home nursing include helping you settle back home after a *hospital* stay, helping you take care of yourself, and helping your close ones care for you at home. A home nurse can, among other duties, collect samples, supervise your medication, monitor your status, and record measurements.

Home care services are not free of charge. If you need home care for an extended period, the cost is affected by the kind of service provided, the number of people in your family, and the income of your family unit.

More information:

The *social office* of your wellbeing services county

The *social worker* of your healthcare unit

www.infofinland.fi - Services for disabled persons

www.stm.fi - Kotihoito ja kotipalvelut (in Finnish)

2.4 Informal care allowance

You are a *carer* if you take care of a family member, or other person close to you, who cannot cope with everyday life without help, due to their *illness*, *disability,* or other reasons. Your *wellbeing services county* can grant you the *informal care allowance* if your relative or close one has a high need for care on a continuous basis.

The payment of the allowance is based on an *informal care agreement* between you and your wellbeing services county. Additionally, the wellbeing services county, you, and the person receiving care write together a *care and service plan*, which must be attached to the informal care agreement.

The informal care allowance covers activities included in the care and service plan. The allowance includes remuneration for the care and services provided; time off, pension and accident insurance contributions in accordance with the law; and *social services*. The minimum remuneration in 2026 is 530 euros per month.

The minimum remuneration for demanding transition periods is 968 euros per month. Demanding transition periods include, for example, transitioning back from an institution to one's home and recovering from a serious accident or severe acute illness. The remuneration amount is increased in order to allow the carer to leave work and care for the relative or close one.

The informal care allowance is a *budget-dependent* municipal service and is only available when the budget allows it.

If you are a parent and your child receives home dialysis or is waiting for organ transplantation, you may be able to receive the informal care allowance.

More information:

The *social office* of your wellbeing services county

The *social worker* of your healthcare unit

www.infofinland.fi - Financial support for disabled persons

www.stm.fi - Omaishoito (in Finnish)

2.5 Domestic services for families with children

If you are a parent living with children, and you need help coping with the daily needs of your family due to special circumstances, you have a right to receive *domestic services* from your *wellbeing services county.* These domestic services are available when they are necessary for the wellbeing and safety of the children. They are goal-oriented, temporary, and planned between your family and the collaborating institutions. You do not have to be a *client* of *child welfare services* in order to receive these domestic services.

You can get these services when your ability to care for the children is reduced due to *illness*, *disability*, recent birth, debilitating fatigue, and other special situations. Special situations can arise, for example, if a member of the family passes away, if the parents divorce, if more than one child is born at the same time, or if a family member receives informal care.

Domestic services are not free of charge. Depending on your family's ability to pay, part of the cost can be reimbursed. Your ability to pay is calculated based on the gross income and number of family members. Your home municipality can provide the service itself or give you a *service voucher* to be spent on a private provider.

More information:

The *social office* of your wellbeing services county

Home services for families with children (Helsinki)

www.thl.fi - Lapsiperheiden kotipalvelu (in Finnish)

3 Disability services

If you have an *illness* or *disability*, your *wellbeing services county* can support you with several kinds of *disability services*. The purpose of these services is to promote your

ability to act as an equal member of society, as well as to remove or diminish the barriers and disadvantages caused by your disability or illness.

Services for people with severe physical disabilities include for example:

- *Services to support mobility*
- *Personal assistance* with daily activities, work, studies, and recreation
- *Housing support*
- *Support for accessible housing* (home renovations designed to support independent living, such as removing mobility barriers or adapting the living environment to *home dialysis* treatment)

If you receive home dialysis, the necessary adaptations in the electricity or water systems are the responsibility of the *healthcare unit* or the municipal disability service.

More information:

The *social office* or disability office of your wellbeing services county

The *social worker* of your healthcare unit

www.infofinland.fi – Services for disabled persons

4 Client fees

The *social and healthcare services* payment policy is governed by national laws. Some services are free, some have a universal fee, and some depend on income and family relationships.

The maximum *client fees* that municipalities can charge for social and health services is defined in the Act on Client Fees for Social Welfare and Health Care (734/1992) and the Decree on Client Fees for Social Welfare and Health Care (912/1992). A *wellbeing services county* may decide to charge lower fees or even to provide the service free of charge but can never charge more than the production cost.

The maximum fees for 2026 are:

- *Health station* annual fee: 60,30 euros (or 30,20 euros per visit)
- *Hospital polyclinic* fee: 71,30 euros per visit
- *Treatment series* fee, such as in the case of continuous dialysis: 19,90 euros per session (payment is collected on a maximum of 45 sessions in a calendar year).

By law, your financial situation cannot prevent you from accessing services. If paying a client fee endangers your livelihood, your home municipality can reduce or eliminate the fee, in accordance with the Act on Client Fees for Social Welfare and Health Care (734/1992).

If the fee cannot be reduced or eliminated, you can apply for the *social assistance allowance* to help pay for the cost of social and health services.

More information:

www.stm.fi – Client fees

www.stm.fi – Terveydenhuollon maksut (In Finnish)

4.1 Healthcare payment ceiling

Public healthcare services have a calendar year payment ceiling. In 2026 the *healthcare payment ceiling* is 815 euros. If your public healthcare costs reach that amount, most future services included in the payment ceiling are free of charge until the end of the calendar year. The only exception is short-term institutional care; in this case, surpassing the payment ceiling reduces the daily fee from 71,50 to 26,80 euros.

The payment ceiling includes:

- *Polyclinic* fees
- Daytime surgery fees
- *Treatment series* fees
- *Short-term institutional care* daily fees
- Short-term home health care fees
- Dental care fees (examination and treatment)
- *Health station* annual and visit fees
- Individual *therapy* fees

- Fees paid with a *social assistance allowance*
- Nighttime and daytime care fees
- *Rehabilitation* therapy fees

The payment ceiling does not include:

- Fees for home care, *home nursing*, and specialist medical care received at home
- *Medical certificate* fees
- *Long-term institutional care* fees
- Fees for unused and uncancelled polyclinic appointments
- *Private healthcare* fees
- Fees for treatment received under a special fee category
- Fees paid with statutory insurance

You must yourself monitor the accumulation of payments included in the payment ceiling by using a *monitoring card*, which you can obtain from your health station. You must save the original bills or payment receipts and be ready to present them as needed. After surpassing the payment ceiling, you can get a certificate called the "*free card*". The certificate is issued by the same healthcare unit where the ceiling-surpassing visit or treatment period takes place.

More information:

www.stm.fi – Terveydenhuollon maksukatto (in Finnish)

5 Social assistance allowance

The *social assistance allowance*, known simply as social assistance by Finnish institutions, is designed to cover the essential costs of living when you have no other way of doing so. Social assistance is only granted after determining that you are unable to obtain work income or other social security allowances. This allowance can be granted to an individual or family whose income and assets are not sufficient for essential daily expenses.

Social assistance consists of three components: basic social assistance, supplementary social assistance, and preventive social assistance.

Kela can grant you *basic social assistance* if your income is smaller than the expenses considered for the allowance. The basic social assistance amount for a person living alone in 2026 is 578,43 euros per month. The basic amount should be enough for the cost of food and clothing; personal hygiene and home cleanliness; newspaper, phone, and internet monthly charges; medicines that can be purchased without a *prescription*; and recreational costs.

In addition to the standard amount, basic social assistance can cover for example the cost of housing, medications prescribed by a *public healthcare* doctor, healthcare *client fees*, moving into a new home, commuting expenses, and child daycare.

Your *wellbeing services county* may grant *supplementary social assistance* or *preventive social assistance* at the discretion of a social worker. These special forms of social assistance can be considered necessary if your income is reduced for a long time, for example due to unemployment or *illness*.

Your ability to get social assistance is not impacted by assets that are necessary for daily living, such as your home, furniture, and work-related equipment.

Basic social assistance is obtained from Kela, while supplementary and preventive social assistance are obtained from your wellbeing services county. You must receive the allowance decision within 7 *working days* after submitting an application to Kela. In urgent cases the decision must be made on the same day, or at the latest on the following business day.

You need an official Kela decision regarding basic social assistance in order to apply for supplementary or preventive social assistance from your wellbeing services county. The Kela decision can be either positive or negative; in other words, you do not need to be receiving basic social

assistance in order to apply for supplementary or preventive assistance.

More information:

The *social office* of your wellbeing services county

The *social worker* of your healthcare unit

www.kela.fi – Social assistance

www.stm.fi – Social assistance

6 Kela services and benefits

6.1 Reimbursements for medicine expenses

Kela can grant you *reimbursements for medicine expenses* towards the cost of prescribed medications, emollient creams, and clinical nutritional supplements. If you present your *Kela card* at the moment of purchase, the reimbursement is deducted directly at the pharmacy. Kela reimburses only medications approved by the *Pharmaceutical Pricing Board*. The approved medications can be found at Kela – Medicinal Products Database

In order to begin getting reimbursements for medicine expenses you must first meet the *initial deductible* by spending 70,33 euros out of pocket in the current calendar year. The 70,33-euro initial deductible counts towards the annual maximum limit on out-of-pocket costs.

Medicine expenses are reimbursed according to three *reimbursement categories*:

- *Basic rate of reimbursement*: 40% of the price or reference price of the medicine.
- *Lower special rate of reimbursement*: 65% of the price or reference price of the medicine.
- *Higher special rate of reimbursement*: 100% of the price or reference price of the medicine, although you have to make a *copayment* of 4,50 euros per purchase and per medicine.

Maximum medicine expenses

The *annual out-of-pocket maximum for prescription medicines* is 636,12 euros for the year 2026. If your medicine expenses reach that amount, you will only pay 2,50 euros per each reimbursable medication until the end of the calendar year.

Reference prices and swapping a medicine for a cheaper alternative

All medicines included in the *reference price system* are assigned a *reference price group* and a *reference price*. Kela reimburses medicine expenses based on this system. The sales price of the medicine may be higher than the reference price. A reference group includes medicines that are mutually interchangeable (for example, medicines that contain the same concentration of the same active ingredient but were manufactured by different companies). When a cheaper alternative is available, the pharmacist may offer it instead of the medication that was prescribed to you. The substitution cannot be made if you or your doctor decline it.

When being prescribed a new medicine, it is always a good idea to check with your doctor or with Kela whether the product is included in the list of reimbursed medicines. If it is not, you can ask your doctor to prescribe a different medication that is included in the reimbursement scheme.

Medicine *prescriptions* are valid for up to 2 years.

More information:

www.kela.fi – Medicine expenses

6.2 Reimbursements for travel costs

Kela can grant you *reimbursements for travel costs* if the costs were incurred when travelling to and from public or private *healthcare units*; both kinds of travel costs are reimbursed in the same way. Kela also reimburses *rehabilitation* travel costs, as long as your rehabilitation program is based on a rehabilitation decision made by Kela or a public healthcare unit.

Kela usually reimburses the cost of travelling to your nearest doctor or healthcare

unit. If your *home municipality* or *hospital district* has given you a *commitment for payment* to be used at a specific healthcare unit, you will get a reimbursement for the trip made to the place of treatment.

When exercising your right to freely choose your healthcare unit, you might choose a healthcare unit located far away. In this case, the maximum amount you can be reimbursed for a visit to primary health care or a specialist healthcare unit is calculated according to the cost of visiting the nearest *health station* or nearest *university hospital*.

As a rule, Kela reimburses healthcare travel costs from and to only one permanent address. However, if you travel from a holiday home that is closer to the healthcare unit, Kela reimburses travel from and to your holiday home address.

For example, if you occasionally travel to your usual dialysis unit from your holiday home, travel costs are reimbursed as follows: if your holiday home is further away than your permanent address, Kela reimburses the travel costs between your permanent address and the dialysis unit; but if your holiday home is closer, Kela reimburses the travel costs between your holiday home and the dialysis unit. If you wish to use a different dialysis unit while on holiday you must obtain a voucher from your usual healthcare unit.

Means of transport

Kela reimburses travel costs according to the cheapest available *means of transport*, which is usually public transport. You can get reimbursed for the cost of using a taxi, but only if you have a valid reason. Valid reasons include lack of viable public transport connections as well as health problems. In the latter case you must have a *medical certificate* (form SV 67) showing that your health situation prevents you from using public transport.

If you want to use a personal vehicle for a trip of less than 200 km, your personal statement is enough to get a reimbursement. If the trip is more than 200 km, you must have a valid reason as detailed in the previous paragraph.

Copayment and travel cost ceiling

The *travel cost ceiling*, also known as *annual out-of-pocket maximum*, is 300 euros for the year 2026. If your costs go over the annual out-of-pocket maximum, Kela will give you full reimbursements for all additional healthcare travel costs.

The *copayment* for a one-way trip in 2026 is 25 euros. If the trip costs less than 25 euros, you pay the full cost, and it counts towards the annual out-of-pocket maximum. If the trip costs more than 25 euros, for example 30 euros, you pay the full cost up front; the first 25 euros are not reimbursed and count towards your annual out-of-pocket maximum; and the additional 5 euros can be reimbursed in full by Kela and therefore do not count towards your maximum out-of-pocket maximum. If you have the right to travel to a healthcare unit by taxi (see later in this section), the reimbursement is applied directly, and you only have to pay 25 euros to the driver.

Always save the receipts and submit copies to Kela within 6 months of each trip, so Kela can both reimburse you and keep track of your copayments. If you have the right to get direct reimbursements for taxi trips, you do not need to submit the taxi receipts to Kela, but you should still save them for your own reference.

If you have the right to get reimbursements for taxi trips and you reach the annual out-of-pocket maximum, service providers will receive information directly from Kela in order for you to avoid being charged a copayment.

Travelling for organ transplantation

All organ transplantations in Finland are performed in Helsinki. If you do not live in Helsinki, you will usually travel there by taxi or plane, whichever is faster. It is not recommended that you use a personal vehicle because the parking spaces near hospital are limited. If you travel by taxi, the service is booked through a *central dispatch*

number, and you will be charged the usual copayment if you have not reached the travel cost ceiling. If you travel by plane, you first pay for the trip out of pocket and then submit a reimbursement application to Kela (form SV 4); Kela will then make a decision based on the application.

Accommodation allowance and accompanying person

If you need to travel for tests, treatment, or rehabilitation, and the schedule or transportation conditions require you to spend the night away from home, Kela can grant you *the accommodation allowance*. The amount of the accommodation allowance is no more than 20,18 euros per person per night. The amount does not count towards the travel cost ceiling.

If you need to have an *accompanying person*, you can get reimbursed for their travel costs as well. This reimbursement is usually only available when your medical professionals issue a statement certifying that you need an accompanying person due to your health situation. In most cases you can only have one accompanying person.

If the need for an accompanying person is considered to be obvious, no professional statement is required. This includes situations where the *patient* is a child or a frail elderly person.

The accompanying person always applies for the allowance under the name of the person they accompanied.

Kela-supported taxi trips

If you have the right to receive reimbursements for taxi trip costs, you should order the taxi from your corresponding *central dispatch number*. By booking the trip in this way and showing your *Kela card* to the taxi driver, the reimbursement will be applied directly, and you will only have to pay the 25-euro copayment. If you already know about several future healthcare-related trips, you should book them all at the same time. If you have an SV 67 certificate, please save it, as Kela might request a copy later.

Kela won´t reimburse the cost of any trips not booked through a central dispatch number.

If you are wrongfully charged one or several copayments you can apply for reimbursement from Kela.

Reimbursement for kidney donor

Kela can grant you reimbursements for travel costs if the costs were incurred when travelling to and from healthcare units during the donation process. The copayment for a one-way trip in 2026 is 25 euros.

More information:

www.kela.fi – Travel costs

6.3 Sickness allowance

Kela can grant you a *sickness allowance* if you are between 18 and 67 years of age, you are currently unable to work due to illness, and you were either working or able to work for at least 3 months before being declared unable to work. Being working or able to work includes *being a hired employee*, an *entrepreneur*, *a homemaker*, *studying full-time*, an unemployed jobseeker, on sabbatical leave, or on job alternation leave.

You can start receiving sickness allowance after a 10-day *waiting period*. The sickness allowance is a compensation for *loss of income*; if you are on sick leave and still receive wages from your employer, Kela pays the sickness allowance directly to them.

Normally you can receive sickness allowance for up to 300 *working days*. After that, you can usually only receive sickness allowance for the same illness if you are able to work for a least one year. However, if you return to work for at least 30 days, but need to go on sick leave again in connection to the same illness (for example, to get surgery), you can get an extension of 50 days.

Once you have been receiving sickness allowance for 60 working days, Kela can assess your need for *rehabilitation* based, for example, on a *medical certificate*. In order

to pay sickness allowance for more than 90 working days, Kela requires a statement from an *occupational healthcare* doctor regarding your current working ability and your possibility of returning to work in the future. After you have received the allowance for 150 working days, Kela must inform you of further rehabilitation possibilities and, if necessary, what pensions or other allowances you could apply for.

The sickness allowance is determined on the basis of an annual income. The annual income is calculated for a reference period of 12 calendar months prior to the calendar month that precedes the start of your work disability. If you have not received work income during the past year, you receive the minimum sickness allowance (31,99 euros per working day).

If you are unable to have full-time employment after the sickness allowance period ends, it would be a good idea to explore the possibilities of a part-time disability pension and/or part-time employment.

Organ donation and the donation allowance

Kela can grant you the *donation allowance* if you have to take time off work in order to donate life-saving organs, tissues, or cells, or in order to undergo any tests associated with the donation. If you are a wage-earner, the allowance is determined on the basis of the wage or salary that you would have received if you had not been ordered to stay away from work.

This allowance is a compensation for loss of income; if you are on donation leave and still receive wages from your employer, Kela pays the donation allowance directly to them.

Disability pension

If your inability to work due to *illness* or *disability* persists, you can apply for a *disability pension*. Kela pays the disability pension if you have a short employment history, while your corresponding *pension provider* pays the disability pension if you have a long employment history. The amount paid by your pension provider is affected by illness or disability in addition to age, profession, and employment history.

While you wait for a disability pension decision, it is a good idea to enroll as an unemployed jobseeker. After enrolling as an unemployed jobseeker, you can apply for the basic unemployment allowance or the labor marker subsidy from Kela, or for the earnings-related unemployment allowance from your unemployment fund. This way you can secure your livelihood while waiting for the disability pension decision.

You can also obtain a temporary disability pension, although in that case it is called a *rehabilitation subsidy*.

Kela or your pension provider (whichever applies in your case) must investigate rehabilitation possibilities before making a pension decision. If they find that you qualify for rehabilitation, they will make a *preliminary decision about rehabilitation* in addition to the *final pension decision*.

Working while getting a disability pension

You can work part-time while receiving a disability pension or during your rehabilitation period. In 2026 the *income limit* is 990,90 euros per month (before deductions).

If you receive a disability pension and work part-time, you and your employer must make sure your salary or income does not exceed the income limit. In some cases you can interrupt the payment of the pension in order to work for a larger salary. You can leave your pension on hold (that is, request that your pension is temporarily suspended) for at least three months but no more than two years. If you are an entrepreneur, you must pay attention to your earned income under YEL.

More information:

www.kela.fi – Sickness allowances

www.kela.fi – Disability pension and rehabilitation subsidy

www.tyoelake.fi – Disability pension if your working ability has been reduced

6.4 Special care allowance

Kela can grant you the *special care allowance* if you are a parent of a child with an *illness* or a *disability* and you need to take time off work in order to participate in their treatment or *rehabilitation*. The special care allowance is a compensation for loss of income and can only be paid to more than one parent in special situations.

In order to qualify for the special care allowance, at least one of the following conditions must be met:

- Your child is under the age of 7 and you participate in their care or rehabilitation in a *hospital*, *polyclinic*, rehabilitation course, or *adaptation training* course.
- Your child is between the ages of 7 and 15 and you participate in their care or rehabilitation in a hospital or polyclinic.
- Your child is under the age of 16, has a serious illness, and you provide home care in connection to care provided in a hospital or polyclinic.
- You are on call while your child attends school or daycare on a trial basis because of a diagnosed serious condition.

The special care allowance is taxable income, and its amount depends on your work income. There is no *waiting period* before receiving the allowance. The special care allowance is not paid on Sundays or national holidays.

Usually, the special care allowance can only be paid based on the same illness and the same form of care for up to 60 *working days*. Form of care, in this case, means care at home versus care outside of the home at a hospital, polyclinic, rehabilitation course, or adaptation training course. On special cases supported by a *medical certificate*, the allowance period can be extended by 30 working days.

More information:
www.kela.fi – Special care allowance

6.5 Disability allowance for persons under the age of 16

Kela can grant your child a *disability allowance for persons under the age of 16* when they are under the age of 16 and have an *illness* or *disability* that causes them to have an increased need for regular parental care, attention and *rehabilitation*. The need of care and attention must be greater than normal compared to typical children of the same age, and this increased need has to last for at least six months.

The allowance is not granted solely on the basis of the costs brought on by the illness or disability. The disability allowance for persons under the age of 16 was previously known as the childcare allowance.

The allowance can be granted for a specific time period, or until the child turns 16. Kela makes a decision based on how the child's illness or disability leads to care and rehabilitation needs, and to what extent these needs increase the parenting demands.

The allowance amounts are as follows:

- *Disability allowance at the basic rate*: 110,49 euros per month, available when the child needs weekly care or rehabilitation due to their illness or disability.
- *Disability allowance at the middle rate*: 257,82 euros per month, available when the child needs demanding or daily care or rehabilitation due to their illness or disability.
- *Disability allowance at the highest rate*: 499,93 euros per month, available when the child needs around-the-clock care or rehabilitation due to their illness or disability.

When submitting a new disability allowance application to Kela, you must include *medical certificate* type BC or some other medical statement. When applying for increased support, you must include a new medical certificate or some other statement justifying the increase. The amount of the disability allowance is not affected by the income or wealth of the family unit.

In the application you should describe as fully as possible how your child's illness or disability increases their need for care and attention when compared to typical children of the same age. For example, in terms of:

- Taking medications, skin care, special diet, going to school, and attending extracurricular activities.
- Specific types of support, help, and care needed by the child at different times of the day.
- The cost of the illness or disability.

More information:

www.kela.fi – Disability allowance for children

6.6 Disability allowance for persons over the age of 16

Kela can grant you the *disability allowance for persons over the age of 16* if you are a person over the age of 16, you have an *illness* or *disability*, and you need financial support.

In order to receive the disability allowance, your *functional ability* must have been impaired for at least a year. Your functional ability is considered to be impaired when your illness or disability decreases your ability to take care of yourself or to cope with necessary tasks at home, at work, or when studying. An additional requirement is that your illness or disability hinders you and makes you need either assistance, or guidance and supervision.

The disability allowance can be granted retroactively up to 6 months from the date of the application.

The allowance amounts are as follows:

- *Disability allowance at the basic rate*: 110,49 euros per month, available when your illness or disability causes you significant impairment.
- *Disability allowance at the middle rate*: 257,82 euros per month, available when your illness or disability causes you increased impairment, and you need regular assistance, or guidance and supervision, with personal activities in and outside of the home.
- *Disability allowance at the highest rate*: 499,93 euros per month, available when your illness or disability causes severe impairment, and you need high amounts of assistance, or guidance and supervision, with your activities.

In the application you should describe as fully as possible the types of assistance you need, and all the special costs caused by your illness or disability. Special costs include those related to medical care, medicines, domestic services, and *home nursing*. The disability allowance at the highest rate cannot be obtained solely by having high special costs but having high special costs can increase the allowance amount from the basic to the middle rate.

You do not have to have special costs in order to qualify for the disability allowance. If you receive a negative decision because your illness or disability does not lead to special costs, you can appeal it or submit a new application.

When submitting a new disability allowance application to Kela you must include *medical certificate* type BC not older than approximately six months. Other medical documentation may also be accepted, if it includes all information required for the assessment of the application. When applying for increased support, the application must include a new medical certificate or some other statement justifying the increase.

The disability allowance can be granted retroactively up to 6 months from the date of the application.

More information:

www.kela.fi – Disability allowance for adults

6.7 Care allowance for pensioners

Kela can grant you the *care allowance for pensioners* if you are a *pensioner* and you have a *disability* or long-term *illness* that has impaired your *functional ability* for at

least one year. An additional requirement is that the disability or illness causes you a regular need for either assistance, or guidance and supervision.

You can receive the care allowance for pensioners if you are over the age of 16 and receive any of the following benefits:

- *Disability pension*
- *Rehabilitation subsidy*
- *Old-age pension*
- *Early old-age pension*
- Spouse's pension (only if you are over the age of 65).
- A continuing pension or compensation based on complete incapacity to work in accordance with the Workers' Compensation Act (459/2015), the Motor Liability Insurance Act (460/2016), the Military Injuries Act (404/1948), or the Act on Compensation for a Military Accidents and Service-Related Illnesses (1521/2016).

Allowance amounts

The amount of the allowance is determined on an individual basis depending on your need for assistance. The amount is not affected by your income or assets and is not taxable.

- *Care allowance at the basic rate*: 84,56 euros per month, available when you need at least weekly assistance, or guidance and supervision, with your personal activities.
- *Care allowance at the middle rate*: 184,22 euros per month, available when you need daily assistance with personal activities, and/or need a significant amount of guidance and supervision. Also available when you would otherwise qualify only for the allowance at the basic rate, but your illness or disability results in high special costs.
- *Care allowance at the highest rate*: 389,54 euros per month, available when you need around-the-clock care and supervision, and cannot be alone even for short periods of time.

Personal activities include, among others, getting dressed, personal hygiene, moving your body, and activities related to social interaction. Having high special costs can increase your allowance from the basic to the middle rate. Care allowance at the highest rate cannot be granted on the basis of special expenses.

Applying for the care allowance for pensioners

When submitting a new care allowance for pensioners application to Kela you must include *medical certificate* type C or BC, not older than approximately six months. Other medical documentation may also be accepted, if it includes all information required for the assessment of the application. The care allowance for pensioners can be granted retroactively up to 6 months from the date of the application.

More information:
www.kela.fi – Care allowance for pensioners

6.8 Dental care

Kela reimburses the cost of oral and dental care by a private dentist, as well as the cost of laboratory tests and X-rays deemed necessary by the dentist, up to a set maximum amount.

Kela normally reimburses the cost of one oral and dental examination of up to 20 minutes in length performed by a dentist every other calendar year. However, if you need more frequent examinations due to your health situation, Kela can reimburse the cost once per calendar year. Kela also reimburses the cost of one oral health check performed by an oral hygienist once every other calendar year.

More information:
www.kela.fi – Dental expenses
www.kela.fi – Taksat (in Finnish)

7 Rehabilitation

The goal of *rehabilitation* is to improve your ability to live independently, study, and work, when said ability is reduced due to your *illness* or *disability*. Rehabilitation is provided by Kela, *public healthcare*, your *pension provider*, and disability/patient organizations.

The types of rehabilitation offered by Kela are: *intensive medical rehabilitation*, *discretionary rehabilitation*, *vocational rehabilitation*, and rehabilitative psychotherapy. Public healthcare units offer medical rehabilitation. Pension providers offer vocational rehabilitation. Rehabilitative psychotherapy is not addressed in this guide.

Rehabilitation provided by The Finnish Kidney and Liver Association

The Finnish Kidney and Liver Association provides rehabilitation for *patients* in different stages of kidney and liver diseases, for kidney and liver transplant recipients, and for those close to them.

Vocational rehabilitation

The purpose of vocational rehabilitation is to improve or maintain your ability to work and earn a living. The goal is to help you stay in your profession or otherwise return to working life. Rehabilitation opportunities should be explored as early as possible.

Kela is responsible for your vocational rehabilitation if you have a short employment history. Kela organizes vocational rehabilitation and reimburses its cost if you have a proven illness or disability that is currently causing or is expected to cause a significant decrease in your studying ability, working ability, or earning opportunities in the next few years.

Your pension provider is responsible for your vocational rehabilitation if you have a long employment history. In order to receive professional rehabilitation from a pension provider you must have been working and accumulating pension insurance contributions for a reasonable amount of time (about five years).

Applying for rehabilitation

If you think you need rehabilitation, contact your public doctor, your vocational healthcare doctor, your hospital's social worker, or Kela. Together with them, consider whether rehabilitation would be helpful in your situation. If necessary, your doctor will prepare a *medical certificate*.

The medical certificate must include:

- What illness or disability you have.
- Your working and functional abilities, and their limitations.
- What kind of rehabilitation the doctor recommends.
- Reasons why rehabilitation is necessary for you.
- The rehabilitation goals.
- The likely development of your illness or disability.

Additionally, to get intensive medical rehabilitation you need to create a rehabilitation plan with a public healthcare professional and attach it to your application.

To qualify for intensive medical rehabilitation you must be under 65 years of age, have an illness or disability that results in considerable difficulties with everyday performance and participation, and have a demonstrated need for rehabilitation lasting for at least one year.

Rehabilitation plan

If you are a *rehabilitee* with a long-term illness or disability, you have the right to get a *rehabilitation plan*. Your doctor is responsible for making the plan together with you. If you have a service plan, the rehabilitation plan will be included in it.

Rehabilitation allowance

The *rehabilitation allowance* secures your livelihood during the rehabilitation process. You qualify for it if you are between 18 and 67 years of age and your goal is to remain in, return to, or access the working life. The amount of the allowance is calculated as with the *sickness allowance*. The *waiting period* is usually 10 days, but in the cases

of short rehabilitation processes the waiting period can be 1 day.

When your rehabilitation decision demands the participation of a relative or close one, they can get the *rehabilitation allowance for relatives*. This may be because your relative or close one needs to participate in family rehabilitation, in your adaptation training, or in your rehabilitation process.

The rehabilitation allowance for relatives can be granted simultaneously to several relatives or close ones of the same rehabilitee. In order to receive the allowance, your relatives or close ones must be between 18 and 67 years of age and must be prevented from having full-time employment due to participating in your rehabilitation process. Parents receiving this allowance because they are participating in the rehabilitation of their children do not have a waiting period. In other cases, the waiting period is typically 10 days.

Partial rehabilitation allowance

Your pension provider can grant you *partial rehabilitation allowance*, which helps combine work and rehabilitation. While receiving this allowance you can work and do rehabilitation on the same day, as long as you are doing lighter, open rehabilitation. You can be granted this allowance when the amount of work performed on rehabilitation days is at most 60% of the usual amount. This applies to *hired employees* as well as to business owners and *entrepreneurs*.

If you are a hired employee, you and your employer decide together whether it is possible for you to combine rehabilitation and work on the same day. *Occupational healthcare* professionals can also help assess whether you are able to work without jeopardizing your rehabilitation goals.

More information:
www.kela.fi – Rehabilitation
www.kuntoutussaatio.fi
Vakuutuskuntoutus (in Finnish)

8 Taxation

8.1 Deductions for reduced capacity to pay taxes

You can get a *deduction for reduced capacity to pay taxes* if the income and assets of your family unit have been reduced due to a special circumstance, such as medical expenses. In order to qualify for this deduction based on medical costs, your family unit's annual healthcare cost must be at least 700 euros; additionally, the cost must represent at least 10% of your family's adjusted gross income. The maximum possible deduction is 1400 euros. Deductions for reduced capacity to pay taxes are always granted on a case-by-case basis. The tax officer handling your case will decide whether to grant you the deduction.

More information:
www.vero.fi – Deductions you must claim

8.2 Car tax refund

If you have a vision or mobility *disability* the Tax Administration can grant you a *car tax refund* on a car that is intended to be used by you. The car must be purchased new in Finland or abroad or purchased used from abroad; in either case, the car cannot have been previously registered in Finland.

The degree of disability is assessed by a doctor. In accordance with the Car Tax Act (777/2020), the Tax Office can grant you a car tax return if your degree of visual or mobility disability is at least 80%. You may be eligible for a car tax refund also if the car is used for work or professional training and you have a *lower degree of disability*, such as 60 % or even 40 % if you lack one or both legs.

If the conditions for a full car tax refund are not met, it is possible to get a discretionary car tax refund. The consideration takes into account, for example, the nature of the injury or illness of one's own or a family member and its effect on mobility, the need for a car and the family's financial situation. In some situations, a refund may be granted

to the car owner based on another person's injury.

You can apply for a decision on your right to a car tax refund before purchasing and registering your car.

More information:
www.vero.fi – Autoveronpalautus (in Finnish)
www.vero.fi - Car Tax Refund

8.3 Parking card for people with disabilities

Parking card for people with disabilities replaced the *disabled parking permit* as of 1 June 2020. Disabled parking permits issued before 1 June 2020 remain valid until their original expiry date.

You can obtain a parking card for people with disabilities from Traficom (the Finnish Transport and Communications Agency) by using the Ajovarma office or Traficom's online *My e-services*. The parking card is sent by postal mail to your home address.

You qualify for a parking card if you have a disability that prevents you from walking independently or impairs your vision. A doctor will assess whether you meet the conditions laid out in the Workers' Compensation Act (459/2015).

If your parking card is based on a permanent disability, you can renew your card at the end of the validity period and get an identical one. If you need to check any information concerning previous parking cards you can contact the police station where they were issued.

More information:
www.traficom.fi

8.4 Exemption from vehicle tax

You can be granted an *exemption from the basic component of the vehicle tax* if you:

- Have a *disabled parking permit or a parking card for people with disabilities*.
- Regularly transport another person who has a disabled parking permit.
- Have received a *car tax refund*.

If you already have a parking card for people with disabilities, you can apply for this exemption by sending the relevant form by post to Traficom, or by using Traficom's online *My e-services*. If you qualify for a parking card for people with disabilities but do not have one yet, you can apply for both the disabled parking permit and the exemption from vehicle tax at the same time from Traficom's Ajovarma office.

More information:
www.traficom.fi – Exemption from vehicle tax

9 Appealing official decisions

If you are unsatisfied with an official decision, you can submit an *appeal* to the corresponding institution within the *appeal period*. Decision letters always include instructions regarding where and by which date you can appeal the decision, as well as what information the *appeal letter* must contain.

Appeals to decisions made by Kela can be submitted to Kela itself. You can use the appeal form found on Kela's website. Kela can make a *rectification decision* at your local office. If Kela does not rectify the decision, the appeal will be transferred to an appeal board, usually the *Social Security Appeal Board*. If the appeal board does not rectify the decision, you can submit a further appeal to the Insurance Court, which is the highest court of appeal. The handling of appeals is generally free of charge. All decisions will be communicated to you in writing.

Appeals to decisions made by *wellbeing services county* officers can be submitted to your wellbeing services county *social services committee* or equivalent institution. The appeal must be made no later than 30 calendar days after receiving the decision. Decisions made by thh social services

committee can be further appealed at the corresponding *Administrative Court*.

If you are unsatisfied with a healthcare decision (for example one concerning rehabilitation services), complain first to the healthcare professional who made the decision, or to their supervisor. The corresponding *Patient Ombudsperson* can provide further information about how to appeal a healthcare decision.

Negative decisions for social security benefits (for example, the basic unemployment allowance, the special care allowance, and reimbursements for private medical costs, medicine costs or travel costs) must explain why the benefit has been denied in full or in part. Particularly, when the negative decision concerns medical matters, the written decision must explain what factors affected the assessment of the situation, and what conclusions were drawn from them.

Objections and complaints

If you are not satisfied with the care or service you have received, or the way you have been treated, you can make an official objection or complaint.

You can submit an objection to the manager of the *healthcare unit* or to the head of the social welfare office. You can submit a complaint to The *Finnish Supervisory Agency*. If necessary, officials at the agency may transfer your complaint to the appropriate authority; if this happens, you will receive a notification regarding the transfer.

Complaints about wrongful or unlawful activity can be submitted to the *Parliamentary Ombudsman*. If an appeal cannot be submitted to a higher instance in Finland, you can send it to the European Court of Human Rights.

More information:

www.stm.fi – Client and patient rights

www.kela.fi – Appeal procedure

www.lvv.fi – Muistutus tai kantelu (In Finnish)

10 Contact information

The Finnish Kidney and Liver Association
(Munuais- ja Maksaliitto)
Phone: 010 582 1810
Hours: 10:00 – 14:00
www.muma.fi

Advocacy and advice about social security:

Maria Ruuskanen
expert
Phone: 040 8363 480
Email: maria.ruuskanen@muma.fi

Hanna Lehtonen
expert
Phone: 040 5240 674
Email: hanna.lehtonen@muma.fi

Tarja Teitto-Tuckett
expert
Phone: 040 5240 683
Email: tarja.teitto-tuckett@muma.fi

Maarit Heinimäki
expert
Phone: 050 3626 470
Email: maarit.heinimaki@muma.fi

Raisa Tasanto
expert
Phone: 040 5240 682
Email: raisa.tasanto@muma.fi

Notes:

English translation by: Xurxe Toivo García and Maria Ruuskanen

11 Glossary of terms

English	Finnish
accommodation allowance	yöpymisraha
accompanying person (for healthcare)	saattaja
adaptation training	sopeutumisvalmennus
Administrative Court	hallinto-oikeus
advance directive (for healthcare)	hoitotahto
agent (for power of attorney)	valtuutettu
annual out-of-pocket maximum (= travel cost ceiling)	matkakatto
annual out-of-pocket maximum for prescription medicines	vuosittainen omavastuu
appeal	muutoksenhaku
appeal letter	valituskirjelmä
appeal period	valitusaika
association of municipalities	kuntayhtymä
attorney-at-law	asianajaja
basic rate of reimbursement (for medicines)	peruskorvaus
basic social assistance (allowance)	perustoimeentulotuki
being a hired employee	ansiotyössä
being a homemaker	hoitamassa omaa talouttaan
budget-dependent	määrärahasidonnainen
car tax refund	autoveronpalautus
car tax relief	autoveronhuojennus
care allowance (for pensioners) at the basic rate	perushoitotuki
care allowance (for pensioners) at the highest rate	ylin hoitotuki
care allowance (for pensioners) at the middle rate	korotettu hoitotuki
care allowance for pensioners	eläkettä saavan hoitotuki
care and service plan	hoito- ja palvelusuunnitelma
carer (for informal care)	omaishoitaja
central dispatch number (for taxis)	tilausvälityskeskus
child welfare services	lastensuojelu
client (for social and healthcare services)	asiakas
client fee	asiakasmaksu
client plan	asiakassuunnitelma
clinic	klinikka
commitment for payment	maksusitoumus
continuing power of attorney	edunvalvontavaltuutus
copayment	omavastuu
copayment receipt	omavastuukuitti
deduction for reduced capacity to pay taxes	veronmaksukyvyn alentumisvähennys

degree of disability	vamman tai sairauden haitta-aste
Digital and Population Data Services Agency	Digi- ja väestötietovirasto
disability	vamma, vammaisuus
disability allowance at the basic rate	perusvammaistuki
disability allowance at the highest rate	ylin vammaistuki
disability allowance at the middle rate	korotettu vammaistuki
disability allowance for persons over the age of 16	16 vuotta täyttäneen vammaistuki
disability allowance for persons under the age of 16	alle 16-vuotiaan vammaistuki
disability credit (in taxation)	invalidivähennys
disability credit in municipal taxation	invalidivähennys kunnallisverotuksessa
disability credit in state taxation	invalidivähennys valtionverotuksessa
disability pension	työkyvyttömyyseläke
disability services	vammaispalvelut
disabled parking permit	vammaisen pysäköintilupa
discretionary rehabilitation	harkinnanvarainen kuntoutus
domestic services	kotipalvelut
donation allowance	luovutuspäiväraha
early old-age pension	varhennettu vanhuuseläke
emergency room or clinic	päivystys
entrepreneur	yrittäjä
exemption from the basic component of the vehicle tax	vapautus ajoneuvon perusverosta
final pension decision	työkyvyttömyyseläkeratkaisu
Finnish Supervisory Agency	Lupa- ja valvontavirasto
free card (for public healthcare)	vapaakortti
full-time employment	kokopäivätyö
functional ability	toimintakyky
grantor (for power of attorney)	valtuuttaja
health center	terveyskeskus
health station	terveysasema
healthcare services	terveyspalvelut
healthcare unit	terveydenhuollon yksikkö
higher special rate of reimbursement (for medicines)	ylempi erityiskorvaus
home care services	kotihoitopalvelut
home dialysis	kotidialyysi
home municipality	kotikunta
home nursing	kotisairaanhoito
hospital	sairaala
housing support	asumisen tuki
illness	sairaus
income limit	ansioraja

informal care	omaishoito
informal care agreement	omaishoitosopimus
informal care allowance	omaishoidon tuki
initial deductible (for medicine expenses)	alkuomavastuu
intensive medical rehabilitation	vaativa lääkinnällinen kuntoutus
interpretation services	tulkkaus
interpreter	tulkki
Kela card	Kela-kortti
legal aid office	oikeusaputoimisto
long-term institutional care	pitkäaikainen laitoshoito
loss of income	ansionmenetys
lower special rate of reimbursement (for medicines)	alempi erityiskorvaus
means of transport	matkustustapa
medical certificate	lääkärintodistus
monitoring card (for healthcare payment ceiling)	seurantakortti
municipal social services committee	kunnan sosiaalilautakunta
municipality	kunta
My e-services (for Trafi)	Oma asiointi
My Kanta Pages	Omakanta
occupational healthcare	työterveyshuolto
old-age pension	vanhuuseläke
parking card for people with disabilities	liikkumisesteisen pysäköintitunnus
Parliamentary Ombudsman	eduskunnan oikeusasiamies
partial rehabilitation allowance	osakuntoutusraha
patient	potilas
Patient Ombudsperson	potilasasiavastaava
pension provider	työeläkelaitos
pensioner	eläkkeensaaja
personal assistance	henkilökohtainen apu
Pharmaceutical Pricing Board	Lääkkeiden hintalautakunta
physical therapy	fysioterapia
polyclinic	poliklinikka
power of attorney (document)	valtuutus
preliminary decision about rehabilitation	ennakkopäätös kuntoutuksesta
prescription	resepti
preventive social assistance (allowance)	ehkäisevä toimeentulotuki
primary healthcare	perusterveydenhuolto
private healthcare	yksityinen terveydenhuolto
public healthcare	julkinen terveydenhuolto
(public) healthcare payment ceiling	terveydenhuollon maksukatto

rectification decision	oikaisupäätös
reference price (for medicines)	viitehinta
reference price group (for medicines)	viitehintaryhmä
reference price system (for medicines)	viitehintajärjestelmä
referral	lähete
rehabilitation	kuntoutus
rehabilitation allowance	kuntoutusraha
rehabilitation allowance for relatives	omaisen kuntoutusraha
rehabilitation decision	kuntoutuspäätös
rehabilitation plan	kuntoutussuunnitelma
rehabilitation subsidy	kuntoutustuki
rehabilitee	kuntoutuja
reimbursement category (for medicine expenses)	korvausluokka
reimbursements for medicine expenses	lääkekorvaukset
reimbursements for travel costs	matkakorvaukset
service housing	palveluasuminen
service needs assessment	palvelutarpeen arviointi
service voucher	palveluseteli
services to support mobility	liikkumisen tuki
short-term institutional care	lyhytaikainen laitoshoito
sickness allowance	sairauspäiväraha
social and healthcare services	sosiaali- ja terveyspalvelut (sote)
social assistance (allowance)	toimeentulotuki
Social Insurance Institution (SII)	Kansaneläkelaitos (Kela)
social office	sosiaalitoimisto
Social Security Appeal Board	sosiaaliturva-asioiden muutoksenhakulautakunta (SAMU)
social services	sosiaalipalvelut
social worker	sosiaalityöntekijä
special care allowance	erityishoitoraha
specialized medical care	erikoissairaanhoito
studying full-time	opiskelemassa päätoimisesti
supplemental social assistance (allowance)	täydentävä toimeentulotuki
support for accessible housing	esteettömän asumisen tuki
Tax Administration	Verohallinto
travel cost ceiling (= annual out-of-pocket maximum)	matkakatto
travel cost ceiling card (= yearly copayment card)	matkakattokortti (= vuosiomavastuukortti)
treatment series	sarjassa annettava hoito
university hospital	yliopistosairaala
vocational rehabilitation	ammatillinen kuntoutus
waiting period	omavastuuaika

wellbeing services county	hyvinvointialue
working day	arkipäivä
yearly copayment card (= travel cost ceiling card)	vuosiomavastuukortti (= matkakattokortti)

Suomeksi	Englanniksi
16 vuotta täyttäneen vammaistuki	disability allowance for persons over the age of 16
alempi erityiskorvaus	lower special rate of reimbursement (for medicines)
alkuomavastuu	initial deductible (for medicine expenses)
alle 16-vuotiaan vammaistuki	disability allowance for persons under the age of 16
ammatillinen kuntoutus	vocational rehabilitation
ansionmenetys	loss of income
ansioraja	income limit
ansiotyössä	being a hired employee
arkipäivä	working day
asiakas	client (for social and healthcare services)
asiakasmaksu	client fee
asiakassuunnitelma	client plan
asianajaja	attorney-at-law
asumisen tuki	housing support
autoveronhuojennus	car tax relief
autoveronpalautus	car tax refund
Digi- ja väestötietovirasto	Digital and Population Data Services Agency
edunvalvontavaltuutus	continuing power of attorney
eduskunnan oikeusasiamies	Parliamentary Ombudsman
ehkäisevä toimeentulotuki	preventive social assistance (allowance)
eläkettä saavan hoitotuki	care allowance for pensioners
eläkkeensaaja	pensioner
ennakkopäätös kuntoutuksesta	preliminary decision about rehabilitation
erikoissairaanhoito	specialized medical care
erityishoitoraha	special care allowance
esteettömän asumisen tuki	support for accessible housing
fysioterapia	physical therapy
hallinto-oikeus	Administrative Court
harkinnanvarainen kuntoutus	discretionary rehabilitation
henkilökohtainen apu	personal assistance
hoitamassa omaa talouttaan	being a homemaker
hoito- ja palvelusuunnitelma	care and service plan
hoitotahto	advance directive (for healthcare)
hyvinvointialue	wellbeing services county

invalidivähennys	deduction for disability (in taxation)
invalidivähennys kunnallisverotuksessa	deduction for disability in municipal taxation
invalidivähennys valtionverotuksessa	deduction for disability in state taxation
julkinen terveydenhuolto	public healthcare
Kansaneläkelaitos (Kela)	Social Insurance Institution (SII)
Kela-kortti	Kela card
klinikka	clinic
kokopäivätyö	full-time employment
korotettu hoitotuki	care allowance (for pensioners) at the middle rate
korotettu vammaistuki	disability allowance at the middle rate
korvausluokka	reimbursement category (for medicine expenses)
kotidialyysi	home dialysis
kotihoitopalvelut	home care services
kotikunta	home municipality
kotipalvelut	domestic services
kotisairaanhoito	home nursing
kunnan sosiaalilautakunta	municipal social services committee
kunta	municipality
kuntayhtymä	association of municipalities
kuntoutuja	rehabilitee
kuntoutus	rehabilitation
kuntoutuspäätös	rehabilitation decision
kuntoutusraha	rehabilitation allowance
kuntoutussuunnitelma	rehabilitation plan
kuntoutustuki	rehabilitation subsidy
liikkumisen tuki	services to support mobility
liikkumisesteisen pysäköintitunnus	parking card for people with disabilities
Lupa- ja valvontavirasto	Finnish Supervisory Agency
lääkärintodistus	medical certificate
lääkekorvaukset	reimbursements for medicine expenses
Lääkkeiden hintalautakunta	Pharmaceutical Pricing Board
lähete	referral
lastensuojelu	child welfare services
luovutuspäiväraha	donation allowance
lyhytaikainen laitoshoito	short-term institutional care
määrärahasidonnainen	budget-dependent
maksusitoumus	commitment for payment
matkakatto	annual out-of-pocket maximum (= travel cost ceiling)
matkakatto	travel cost ceiling (= annual out-of-pocket maximum)
matkakattokortti (= vuosiomavastuukortti)	travel cost ceiling card (= yearly copayment card)

matkakorvaukset	reimbursements for travel costs
matkustustapa	means of transport
muutoksenhaku	appeal
oikaisupäätös	rectification decision
oikeusaputoimisto	legal aid office
Oma asiointi	My e-services (for Trafi)
omaisen kuntoutusraha	rehabilitation allowance for relatives
omaishoidon tuki	informal care allowance
omaishoitaja	carer (for informal care)
omaishoito	informal care
omaishoitosopimus	informal care agreement
OmaKanta	My Kanta Pages
omavastuu	copayment
omavastuuaika	waiting period
omavastuukuitti	copayment receipt
opiskelemassa päätoimisesti	studying full-time
osakuntoutusraha	partial rehabilitation allowance
päivystys	emergency room or clinic
palveluasuminen	service housing
palveluseteli	service voucher
palvelutarpeen arviointi	service needs assessment
perushoitotuki	care allowance (for pensioners) at the basic rate
peruskorvaus	basic rate of reimbursement (for medicines)
perusterveydenhuolto	primary healthcare
perustoimeentulotuki	basic social assistance (allowance)
perusvammaistuki	disability allowance at the basic rate
pitkäaikainen laitoshoito	long-term institutional care
poliklinikka	polyclinic
potilas	patient
potilasasiamies	Patient’s Ombudsman
resepti	prescription
saattaja	accompanying person (for healthcare)
sairaala	hospital
sairaus	illness
sairauspäiväraha	sickness allowance
sarjassa annettava hoito	treatment series
seurantakortti	monitoring card (for healthcare payment ceiling)
sopeutumisvalmennus	adaptation training
sosiaali- ja terveyspalvelut (sote)	social and healthcare services
sosiaalipalvelut	social services

sosiaalitoimisto	social office
sosiaaliturva-asioiden muutoksenhakulautakunta (SAMU)	Social Security Appeal Board
sosiaalityöntekijä	social worker
täydentävä toimeentulotuki	supplemental social assistance (allowance)
terveydenhuollon maksukatto	(public) healthcare payment ceiling
terveydenhuollon yksikkö	healthcare unit
terveysasema	health station
terveyskeskus	health center
terveyspalvelut	healthcare services
tilausvälityskeskus	central dispatch number (for taxis)
toimeentulotuki	social assistance (allowance)
toimintakyky	functional ability
tulkkaus	interpretation services
tulkki	interpreter
työeläkelaitos	pension provider
työkyvyttömyyseläke	disability pension
työkyvyttömyyseläkeratkaisu	final pension decision
työterveyshuolto	occupational healthcare
vaativa lääkinnällinen kuntoutus	intensive medical rehabilitation
valitusaika	appeal period
valituskirjelmä	appeal letter
valtuutettu	agent (for power of attorney)
valtuuttaja	grantor (for power of attorney)
valtuutus	power of attorney (document)
vamma, vammaisuus	disability
vammaisen pysäköintilupa	disabled parking permit
vammaispalvelut	disability services
vamman tai sairauden haitta-aste	degree of disability
vanhuuseläke	old-age pension
vapaakortti	free card (for public healthcare)
vapautus ajoneuvon perusverosta	exemption from the basic component of the vehicle tax
varhennettu vanhuuseläke	early old-age pension
Verohallinto	Tax Administration
veronmaksukyvyn alentumisvähennys	deduction for reduced capacity to pay taxes
viitehinta	reference price (for medicines)
viitehintajärjestelmä	reference price system (for medicines)
viitehintaryhmä	reference price group (for medicines)
vuosiomavastuukortti (= matkakattokortti)	yearly copayment card (= travel cost ceiling card)

vuosittainen omavastuu	annual out-of-pocket maximum for prescription medicines
yksityinen terveydenhuolto	private healthcare
ylempi erityiskorvaus	higher special rate of reimbursement (for medicines)
ylin hoitotuki	care allowance (for pensioners) at the highest rate
ylin vammaistuki	disability allowance at the highest rate
yliopistosairaala	university hospital
yöpymisraha	accommodation allowance
yrittäjä	entrepreneur