



FREE CARD APPLICATION

arrived on ____ / ____ 20 ____

I am applying for a free card, because my client payment ceiling of EUR 692 has been reached.

Name _____

Personal identity code _____

Street address and post office _____

Telephone number _____

Bank account in IBAN format
(for potential payment refunds) _____

Date and signature

Attached: _____ pcs of receipts (the receipts will be returned when the free card is granted)

The period for calculating the client payment ceiling is a calendar year. The application for a free card must be submitted during the calendar year after the ceiling was reached at the latest. The institution at which the payment ceiling is reached grants the free card.

Client fees will be charged until the free card is granted. The free card will be sent by post to the address provided by the applicant. At the social and health care department, free cards are granted by the health care secretary Eeva Takkinen, Ylöjärvi Health Centre, P.O. Box 40, 33471 Ylöjärvi, tel. +358 (0)50 343 9191. The free card application can also be submitted at the offices of the health centre, from which it will be sent further.

At the same time, I am also applying for a free card for the following children, whose legal custodian I am (if necessary, a separate attachment can be used):

Name _____ Personal identity code _____

Name _____ Personal identity code _____

Name _____ Personal identity code _____

In the legislation on client fees, the parent or other custodian of a child refers to the legal custodians of the child, meaning that the common-law spouse of one parent is not a legal custodian, for instance.

The fees set for services for children placed outside the home and children living in a foster home only count towards the child's own personal payment ceiling.