



4. Disability affecting work and loss of income

Loss of income occurred	Occupation
<input type="radio"/> YES <input type="radio"/> NO	
Pharmaceutical injury caused disability for work, as diagnosed by a doctor, between the following dates: / / and / / <input type="radio"/> Unemployed when pharmaceutical injury occurred.	
Employer paid salary until: / / . Work disability <input type="radio"/> has ended <input type="radio"/> continues <input type="radio"/> has become permanent	
Name of employer	Name of person responsible for payroll administration
Address, line 1 (building, street, etc.)	Postal code and city
Telephone in daytime (also dialling prefix)	E-mail

On the basis of this information, the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities asks for an accounting from the employer in order to evaluate the amount of loss of income. You can also present an account of the amount of the loss of income separately, in an appendix.

Loss of income of an entrepreneur is evaluated on a separate basis by means of the answers to the following items. Provide an account of each company where you work as an entrepreneur (including agricultural and forestry companies). Give your statement in an appendix.

- | | |
|--|---|
| a) Name, contact information, and business ID of the company | e) Content of duties and work conditions |
| b) Company form, line of business, and number of personnel | f) Effect of the pharmaceutical injury on the ability to work |
| c) The drug-user's share of ownership in the company | g) Effect of the disability on the company's operations |
| d) What is the drug-user's share of the work input in the business operations? | h) How has work been arranged during the time of disability? |
| | i) Account of the loss of income and its reasons (e.g., undone or postponed work) |

5. Temporary handicap (pain and suffering), permanent handicap, or a permanent cosmetic handicap

The amount of compensation is determined on the basis of case history and other documents through application of the rules and guidelines of the Traffic Accident Board. For this reason, presentation of an accurate claim for indemnity is not a necessity. As desired, you may present your own account of the matter in an appendix.

_____ photographs **of the final** situation are enclosed to facilitate evaluation of the permanent cosmetic handicap.

6. Need for auxiliary devices (additional clothing compensation)

An auxiliary device, support or similar that is or was used because of the pharmaceutical injury
Used between: / / and / /
Need for an auxiliary device <input type="radio"/> has ended <input type="radio"/> continues <input type="radio"/> has become permanent

7. Need for external assistance (care allowance or compensation for close persons)

Need for external assistance caused by pharmaceutical injury between the dates / / and / /
Need for assistance <input type="radio"/> has ended <input type="radio"/> continues <input type="radio"/> has become permanent
Provider of assistance <input type="radio"/> home care service <input type="radio"/> home nursing <input type="radio"/> other institution – specify:

8. Signature

I assure that the information given in this form and its appendices is correct and that no other compensation for the costs or losses claimed herein has been claimed or paid from any other institutions than mentioned in this form and its appendices.

I accept that the health and medical care operators, chemists, tax authorities, employers of injured parties, pension and insurance institutions, the Finnish Centre for Pensions, and other authorities may, without restraint by privacy regulations, supply such information, documents, and resolutions related to the health of the user of the drug and the drug-user or other claimant's indemnities, pensions, or salary to the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities as are necessary for the settlement and compensation proceedings related to this injury matter.

Signature and printed name of the claimant (or trustee of a minor) or authorised agent (a power of attorney must be enclosed for this; a template is available at www.laakevahinko.fi).

Place: _____ Date: ____/____/20____ Signature and printed name _____



INSTRUCTIONS FOR COMPLETION OF THE FORM

This form should be filled out and returned to the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities only after the insurance company has issued a positive compensation decision for the previous claim. The claims form is available at www.laakevahinko.fi.

This form presents the types of compensation that lie within the scope of pharmaceutical injury insurance. For death benefits, there is a separate claims form available at www.laakevahinko.fi.

The types of compensation payable on the basis of pharmaceutical injury insurance are determined in accordance with the Tort Liability Act, Chapter 5, §§2–4. The amount of compensation is determined by the generally applied compensation level in tort law as well as rules and guidelines of the Traffic Accident Board.

Compensation can be paid from the pharmaceutical injury insurance only for the user's personal injury caused by the drug according to requirements defined in the insurance terms. The costs and losses that would have occurred even without the pharmaceutical injury will not be subject to compensation. Compensation paid on the basis of the various laws will be taken into account as deductions in payment of compensation from the pharmaceutical injury insurance. For this reason, information on other insurance companies and similar institutions that pay compensation is asked for in the claims form.

COMPENSATION CLAIMED

1. Medical treatment and travel costs

Treatment costs arising from the injury are compensated for in accordance with the level of payments of the public health care system, unless specific medical reasons for use of private health care services are presented in the form. Indicate if the health care payments by the injured party have exceeded the maximum limit and he or she has received a free card in the time period for which the compensation is claimed.

Compensation for costs that were incurred in the use of a taxi or one's own car is possible only if an account of their necessity is enclosed in the application.

2. Pharmaceutical and bandage costs

Costs arising from necessary additional medication caused by the pharmaceutical injury will be compensated for on the basis of receipts or other accounts presented. The accounts must show the price of the drug paid by the injured party and the name of the drug. Also the bandage receipts must contain information on the product. Indicate if the pharmaceutical costs of the injured party have exceeded Kela's maximum limit for pharmaceutical indemnity in the time period for which compensation is claimed.

3. Other necessary cost items caused by the injury

Other costs arising for the injured party can be compensated for only if these items are necessary on account of the pharmaceutical injury. The original pharmaceutical receipts and account of the costs related to the pharmaceutical injury and their necessity must be enclosed.

4. Disability to work and loss of income

The pharmaceutical injury insurance will compensate for only that loss of income arising from the additional disability for work caused by the pharmaceutical injury. Loss of income cannot be compensated for insofar as the drug-user is disabled because of a basic illness or injury or for another reason.

Compensation for loss of income is usually determined through comparison of the income that the user would have earned without the injury to the income that he or she has earned despite the injury. This takes into account, for example, the salary paid by the employer during the sickness period, sickness allowance, and benefits paid out on the basis of other legislation.

Loss of income of an entrepreneur is evaluated on a separate basis by means of the answers to the questions in this form.

5. Temporary handicap (pain and suffering), permanent handicap, or a permanent cosmetic handicap

Compensation for temporary handicap covers pain and suffering and other discomfort caused in the acute phase. The amount of compensation is affected by the nature and severity of the injury, the nature and number of the required treatment procedures, and the duration of the temporary handicap.

The extent of the permanent handicap and permanent cosmetic handicap is determined, and compensation is paid only after the condition is found permanent, which usually happens after one year has elapsed since the last procedure. Compensation for the permanent handicap covers the permanent functional handicap caused by pharmaceutical injury. The extent of the handicap is evaluated on medical grounds with the aid of disability category decisions (1012/1986) or the decree (1649/2009) of the Finnish Ministry of Social Affairs and Health.

Compensation for the handicap determined on these grounds will be defined according to regulations of the Traffic Accident Board. The compensation is usually paid as a lump sum. Compensation for persons under the age of 18 will be paid in two parts. The first part of the compensation will cover the time up to the age of 18, and the final compensation will be paid at the age of 18.

The compensation for a permanent cosmetic handicap will cover the permanent damage to the appearance caused by illness or injury. The compensation will be determined when the condition has stabilised and, for example, healing of scars is finished. The compensation will be paid as a lump sum.

The amount of compensation for a permanent handicap and permanent cosmetic handicap is tied to the age of the injured party. This compensation may be increased on the basis of a specific accounting if exceptional harm is created for the injured party's hobby or the injured party's quality of life is decreased fundamentally in another specific way.

6. Need for auxiliary devices (additional clothing compensation)

If the pharmaceutical injury forces the injured party to use an auxiliary device that causes exceptional wear and tear or contamination to clothing, additional clothing compensation can be paid. The compensation will be paid as daily benefit for the duration of the time that the injured party must use the auxiliary device but not for the duration of institutional care.

7. Need for external assistance (care allowance or compensation to close persons)

If the injured party needs external assistance because of the pharmaceutical injury, care allowance may be paid with the purpose of covering any additional expenses incurred. The compensation will be paid as daily benefit for the duration of the time that the injured party needs external assistance, but not for the duration of institutional care.

For injuries that occurred on or after 1 January 2006, persons who are close to the drug-user are, with special cause, entitled to compensation for the costs and loss of income caused by treatment of the user of the drug. The right to compensation obtains only until the condition of the user of the drug has stabilised. Enclose a well-grounded claim, and fill in Item 4, related to another claimant, on page 1 if you are claiming compensation for loss of income. Also the close person who claims the compensation must sign the application and provide his or her bank account number.

8. Signature

The claim must be signed by the drug's user or other claimant and assure that the information given in the form and its appendices is correct and that no other compensation has been claimed or paid from any other institution than mentioned in this form and its appendices. With his or her signature, the claimant consents to the claim being processed with the purpose of obtaining the required information.