FINNISH MUTUAL INSURANCE COMPANY FOR PHARMACEUTICAL INJURY INDEMNITIES

INDEMNITY CLAIM FOR DEATH CAUSED BY PHARMACEUTICAL INJURY

The form should be filled out and returned only after the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities has issued a positive compensation decision.

Processing ID	Arrival date

THE DRUG-USER

Surname and forenames	Identity number

POSTAL AND PAYMENT INFORMATION

Surname and forenames of the person claiming compensation for the costs arising from burial	Identity number
Address, line 1 (building, street, etc.)	Postal code and city
Daytime telephone (also dialling prefix)	E-mail address
Bank account for payment of compensation (IBAN)	Account-holder

Indicate the name of the person who is claiming compensation for the expenses arising from the burial (such as a widow or manager of the estate) and the postal address to which to send the compensation decisions and any enquiries.

BURIAL EXPENSES and other expenses related to the burial

Burial expenses	Euros
Close persons' travel costs for the funeral	
Close persons' clothing purchased for the funeral	
Other costs (specify).	

Specify the costs arising from the burial by type. Enclose receipts for the costs. If they are not available, enclose another reliable account of the amount of the costs. Specify the travel and clothing costs by person under 'Further information' or separately, in an appendix.

OTHER INSURANCE INSTITUTIONS COMPENSATING FOR BURIAL COSTS

Other insurance institution or employees' sickness fund that has paid compensation for burial costs

Indicate if compensation or subsidy has been claimed or paid from any other insurance or employees' sickness fund for burial costs. Enclose copies of the compensation decisions.

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 have been claimed or paid from any other institutions than mentioned in this form and its appendices.

Claimant's signature and printed name:

Place: _____ Date: _____/_____20_____ _____

Signature and printed name

Costs arising from the burial

If the pharmaceutical injury has caused the patient's death, reasonable burial expenses and other costs arising from the burial will be compensated for in accordance with Chapter 5, §3. In evaluation of the reasonableness of the costs, the total amount of the costs and individual cost items are taken into account.

Compensation for burial costs may include, e.g., expenses arising from use of an undertaker's business, arrangements for the funeral event, a burial place, purchasing and engraving of the gravestone, and a death notice. If the burial place is intended for more than one deceased person, it can be taken into account as a deduction in compensation for the burial place and gravestone.

Other expenses related to burial that can be compensated for include the costs of close persons' transport to the funeral and costs for purchasing their funeral clothes. The subsequent use value of the clothing may be deducted from the compensation. Close persons entitled to compensation include parents, children, spouses, and other persons who were particularly close to the deceased such as a common-law wife or husband (account for these in 'Further information').

According to established compensation practice, costs for inventory of the deceased's estate are not usually deemed costs related to burial, so compensation is not granted for these.

Compensation for the costs arising from burial will be paid to the payer of these expenses, usually to the deceased's estate. The compensation will be paid to the bank account authorised by the deceased's estate or parties to an estate. On behalf of parties under the age of consent or other minor parties, a trustee will provide the authorisation.

If there is more than one party to the deceased's estate, the parties must provide written authorisation for one person to claim the compensation. Usually, it is appropriate to select the person who takes care of the deceased's estate as the authorised person.

If the deceased's estate is under an administrator's control, the claim must be signed by the administrator. If the deceased's estate is bankrupt, the claim must be signed by the bankruptcy trustee.

Append the original invoice and either the original receipt or another reliable account of payment of the invoice (e.g., a copy of the bank statement covering this item). If the documents have been delivered to the tax office with the estate inventory deed, the claimant must ask the tax office for copies of them.

The following accounts are required for payment of the compensation:

- copies of the estate inventory deed and its attached genealogy
- a copy of the testament, if applicable
- powers of attorney that grant entitlement to claim and receive compensation from all parties to the estate and other claimants (a template for the power of attorney is available at www.laakevahinko.fi)

Further information

FINNISH MUTUAL INSURANCE COMPANY FOR PHARMACEUTICAL INJURY INDEMNITIES

SURVIVOR'S PENSION APPLICATION

The form should be filled out and returned only after the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities has issued a positive compensation decision.

Processing ID | Arrival date

THE DECEASED

Surname and forenames | Identity number

Name, address, and telephone number of the most recent employer

PERSON CLAIMING THE SURVIVOR'S PENSION

Surname and forenames of the person claiming survivor's pension | Identity number

Address, line 1 (building, street, etc.) | Postal code and city

Daytime telephone (also dialling prefix) | E-mail address

Bank account for payment of compensation (IBAN) | Account-holder

Name, address, and telephone number of the employer

CHILD CLAIMING THE SURVIVOR'S PENSION

Surname and forenames of the child claiming survivor's pension | Identity number

Address, line 1 (building, street, etc.) | Postal code and city

Daytime telephone (also dialling prefix) | E-mail address

Bank account for payment of compensation (IBAN) | Account-holder

If there are several children claiming survivor's pension, provide the corresponding information on them in an appendix.

OTHER INSURANCE INSTITUTIONS PAYING SURVIVOR'S PENSION

Another insurance institution with which a claim has been filed or that pays survivor's pension or similar compensation (including foreign entities)

Indicate if survivor's pension or similar compensation due to death has been claimed or paid from any statutory insurance (the Social Insurance Institution of Finland (Kela), employee pension companies or pension trusts, motor insurers, accident insurance companies, etc.). Enclose copies of the compensation decisions.

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 have been claimed or paid from any other institutions than mentioned in this form and its appendices.

I accept that the 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 patient or other injured party'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.

Claimant's signature and printed name:

Place: _____ Date: _____/_____20_____ _____

Signature and printed name

Persons entitled to survivor's pension

Entitled to the survivor's pension paid from the pharmaceutical injury insurance are those persons who have a statutory right to receive financial support on behalf of the deceased. These persons are the widow or widower, partner in a registered partnership, and children of the deceased. If the pharmaceutical injury occurred on or after 1 January 2006, any person who actually received financial support from the deceased (for example, a common-law wife or husband) is also entitled to the survivor's pension. If the injury occurred before this date, these persons are not entitled to the survivor's pension.

Minor children of the deceased are entitled to the survivor's pension until they have reached the age of 18. In some cases, children aged 18–20 who are students are entitled to the pension.

Amount of the survivor's pension

According to the Tort Liability Act (Chapter 5, §4), those entitled to financial support have a right to receive compensation if they have missed out on the necessary support because of the death of the person who was liable for providing maintenance.

The amount of the survivor's pension is determined on the basis of the income that the family would have earned without the death and the income that the family earns or can earn after the death. The income that the family would have earned without the death is often determined on the basis of the level of income prevailing before the death, unless it is probable that this level of income does not represent the level that the family would have been able to reach in the future.

The survivor's pension paid from the pharmaceutical injury insurance is not intended to cover the reduction in income of the family arising from the death in its entirety, but the deceased's hypothetical share of the family's consumption is taken into account as a deduction in the calculation. According to established compensation practice, 60 % of the family's previous level of income is usually deemed sufficient to ensure maintenance if the only pensioner is a widow/widower or registered partner. The amount will be increased by five percentage points for each child who receives a pension, but not to above 75 %.

The indemnee's own income and pensions paid out on the basis of other legislation will be taken into account as deductions in the payment of the compensation.

Accounts to be enclosed

On the basis of the information provided in this form, the Finnish Mutual Insurance Company for Pharmaceutical Injury Indemnities undertakes to acquire the required information from employers, tax authorities, and other insurance institutions or indemnifying companies in order to determine the amount of the survivor's pension. As desired, you may enclose your view on the matters that influence the amount of the survivor's pension, particularly if you think that accounts from the above-mentioned institutions do not provide an accurate view of the income level of the family before and after the death.

If the deceased worked as an entrepreneur before his or her death, the income level of the family and the effect of the death on it will be evaluated on the basis of separately acquired accounts. Provide answers to the following items separately, in an appendix. Provide an account of each company where the deceased worked as an entrepreneur (including agricultural and forestry companies).

a) Name, contact information, and business ID of the company
b) Company form, line of business, and number of personnel
c) Share of ownership held by the deceased and claimant in the company
d) Share of work input contributed by the deceased and claimant in the business operations before the death
e) Is the business operation being continued after the death?
f) Share of work input contributed by the claimant in the business operation continuing after the death
g) How is work arranged following the death?
h) Effect of the death on the company's operation (e.g., undone or postponed work)

Index linkage of the pension

Pensions paid from the pharmaceutical injury insurance are linked to an index that is verified on an annual basis, taking changes in salary and price levels into account.

Further information