



Australian Government

Services Australia

centrelink

Agreement on Social Security between Estonia and Australia

Guide to claiming an Estonian pension

Important Note: To avoid delays, when returning your claim to us, please include the 'Foreign Pension Claim Coversheet' on top of all other documents.

If you (or the deceased person) had at least one year of Estonian insurance, the Agreement may help you to get an Estonian old age or survivor pension.

We can help you make a claim. All of the forms you need are provided in this package:

- *Estonian Pension Application*
- *Verification of working life residence in Australia*

You will need to confirm your identity. If you get a Centrelink payment from us, we will verify your identity for you. If you **don't** get a payment from us, you will need to confirm your identity to us. For help, go to **servicesaustralia.gov.au/identity**

You will need to provide any other documents that are requested in the claim form. We can make certified copies of original documents for you. You can either:

- Send your Estonian pension claim form and documents to our International Services in the reply paid envelope included in this package.

OR

- Lodge your claim forms and documents in person at one of our service centres.

Note: We recommend you **don't** send original documents in the mail.

We cannot be sure if you will be paid an Estonian pension. Only the Estonian authorities can decide that, after you make a claim.

After your claim is sent to Estonia, we will send you a letter with contact details for the Estonian authorities. If you have any queries about your claim after it has been sent to Estonia, you should contact the Estonian authorities directly.

If you think you are not eligible for an Estonian pension or want to apply for an exemption, please call International Services on 131 673.

What to do now

Step 1

Complete the forms:

- *Estonian Pension Application*
- *Verification of working life residence in Australia*

Please make sure you **answer all of the questions** and **sign the forms**.

Step 2

Make sure you have:

- all the required documents, including the **'Foreign Pension Claim Coversheet'**
- all documents requested in the Estonian claim forms
- documents to confirm your identity to us, if you **don't** get a Centrelink payment from us

Step 3

Send your claim forms and documents to our International Services in the reply paid envelope included in this package. **Please ensure that the 'Foreign Pension Claim Coversheet' is placed on top of all the other forms and documents**

OR

Take your claim forms, all the required documents, this Guide and the **'Foreign Pension Claim Coversheet'** to your local service centre. We will accept your forms and, if necessary, we will make certified copies of your original documents and return them to you.

Note: We recommend you **don't** send original documents in the mail.

If you need help

If you need help with your claim, you can call International Services on **131 673**.

Information in languages other than English is also available on **131 202**.

Note: Call charges apply – calls from mobile phones may be charged at a higher rate.

You can also visit our website: **servicesaustralia.gov.au** or write to us at:

International Services
PO Box 7809
Canberra BC ACT 2610

**ESTONIAN PENSION APPLICATION
EESTI PENSIONIAVALDUS**

Social Insurance Board Sotsiaalkindlustusamet	Endla 8, 15092 Tallinn, ESTONIA
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I APPLY FOR PALUN MULLE MÄÄRATA	☐ Old age pension Vanaduspension	☐ Survivor's pension Toitjakaotuspension
<i>(type of pension/ pensioni liik)</i>		
I declare that I Teatan, et	☐ receive / saan ☐ do not receive/ ei saa	a pension from the other country pensioni välisriigist

**1. APPLICANT'S INFORMATION
TAOTLEJA ANDMED**

First name Eesnimi	
Surname Perekonnanimi	
Previous names Varasemad nimed	
Personal ID number/ Date of birth Isikukood / Sünniaeg	
Address Aadress	
Email, phone number/ E-post, telefoni nr.	

**2. LEGAL REPRESENTATIVE OR GUARDIAN
SEADUSLIKU ESINDAJA VÕI EESTKOSTJA ANDMED**

First name Eesnimi	
Surname Perekonnanimi	
Previous names Varasemad nimed	
Personal ID number/ Date of birth Isikukood / Sünniaeg	
Address Aadress	
Email, phone number/ E-post, telefoni nr.	

**3. DATA OF THE INSURED PERSON
KINDLUSTATUD ISIKU ANDMED**

First name Eesnimi	
Surname Perekonnanimi	
Previous names Varasemad nimed	
Personal ID number/ Date of birth Isikukood / Sünniaeg	
Address Aadress	
Email, phone number/ E-post, telefoni nr.	

**7. THE CLAIMANT
TAOTLEJA**

☐	Declares that he/she has raised child (children) for at least eight years Teatab, et ta on kasvatanud last (lapsi) vähemalt kaheksa aastat
☐	Declares that he/she has cared for a child under 3 years of age until the child attained 3 years of age before January the 1, 1999. Teatab, et ta on hooldanud alla 3 aastast last kuni lapse 3 aastaseks saamiseni enne 01.01.1999
☐	Declares that the other parent agrees that the child raising periods are taken into the claimant's pensionable periods. (<i>enclose a copy of the other parent's written approval</i>) Teatab, et teine vanem on nõus laste kasvatamise staaži arvestamise kohta taotleja pensioniõigusliku staaži hulka. (<i>lisada teise vanema kirjalik nõusolek</i>)
☐	

**8. ENCLOSED WITH THE CLAIM
AVALDUSELE LISAN**

1.	Workbook Tööraamat		pcs/ tk.
2.	Birth certificate Sünnitunnistus		pcs/ tk.
3.	Marriage certificate Abielutunnistus		pcs/ tk.
4.	Death certificate Surmatunnistus		pcs/ tk.
5.	Military card Sõjaväepilet		pcs/ tk.
6.	Document to prove studying Õppimist tõendav dokument		pcs/ tk.
7.	Other parent's approval that the child raising periods can be taken into the claimant's pensionable periods Teise vanema nõusolek laste kasvatamise aastate arvestamiseks pensioniõigusliku staaži hulka		pcs/ tk.
8.	Other documents Muud dokumendid		pcs/ tk.
9.			pcs/ tk.
10.			pcs/ tk.

**9. I CONFIRM THE ACCURACY OF INFORMATION:
KINNITAN ANDMETE ÕIGSUST:**

. 20		Signature: Allkiri:	
Signature of legal representative or guardian: Seadusliku esindaja allkiri:			

**10. INSTITUTION TRANSMITTING THE FORM:
VORMI EDASTAV ASUTUS:**

Name: Nimetus:	
Address: Aadress:	
Signature: Allkiri:	
Institution stamp and date Asutuse pitsat ja kuupäev	