



Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

Use this form if Försäkringskassan pays maintenance support to your child and you would like to postpone the repayment to Försäkringskassan.

1. Applicant

First name(s) and last name	Personal ID No. (12 digits)
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2. Your reasons

Describe why you need to postpone your payment of maintenance support.

3. People who live with you

Do you live by yourself? No Yes. Skip to Section 4 .

Spouse/partner

First name(s) and last name	Personal ID No. (12 digits)
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Other people

Is a lodger or other family member living with you? No Yes. How many? _____

4. Housing information

Fill in information about your housing situation. Enclose documents to verify the information. The information about principal and interest payments is only for mortgages, not other types of loans.

<input type="checkbox"/> I rent the place I live in <input type="checkbox"/> I own the apartment I live in <input type="checkbox"/> I own the house I live in <input type="checkbox"/> I am a lodger				
<input type="checkbox"/> I have another kind of housing				
Number of square metres in my place	Monthly rent or fee	SEK per month	Payment on mortgage principal	SEK per month
	Heating (not electricity)	SEK per month	Interest on mortgage	SEK per month
Other expenses if you own your residence, including rubbish collection, water and sewage, chimney sweeping, site leasehold fee, joint ownership fee, house or apartment insurance (supplement, not the part including in your householder's policy). Specify each expense separately per month.				

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5. Information about income (before tax)

5.a Compensation from Försäkringskassan and the Swedish Pensions Agency

Fill in the payments that you and your spouse/partner receive from Försäkringskassan or the Swedish Pensions Agency.

We have records of this information so you do not have to enclose any documents to verify it.

Your income		Income of your spouse/partner	
<input type="checkbox"/> Sickness benefit	<input type="checkbox"/> Parental benefit	<input type="checkbox"/> Sickness benefit	<input type="checkbox"/> Parental benefit
<input type="checkbox"/> Activity grant		<input type="checkbox"/> Activity grant	
SEK per day	Days per week	SEK per day	Days per week
<input type="checkbox"/> Pension	<input type="checkbox"/> Annuity	<input type="checkbox"/> Pension	<input type="checkbox"/> Annuity
<input type="checkbox"/> Childcare allowance	<input type="checkbox"/> Sickness/activity compensation	<input type="checkbox"/> Childcare allowance	<input type="checkbox"/> Sickness/activity compensation
SEK per month		SEK per month	
	SEK per month		
Housing allowance/supplement			

5.b Income from employment and other payments

Fill in salaries earned by you and your spouse/partner, occupational pension, payments from other authorities, etc. If you have reorientation student finance, enter it under other income. Reorientation student finance does not count as student aid. Don't forget to specify the amount before tax. Enclose documents to verify the information.

I/we receive municipal public assistance

	Your income	Income of your spouse/partner
Salary, including overtime, supplement for inconvenient hours, etc.	SEK per month	SEK per month
Other taxable compensation (per diem, car allowance, etc.)	SEK per month	SEK per month
Occupational pension/collective agreement occupational pension	SEK per month	SEK per month
Insurance according to a collective agreement (AFA, etc.)	SEK per month	SEK per month
Private pension insurance	SEK per month	SEK per month
Income/pension from abroad	SEK per month	SEK per month
Other income _____	SEK per month	SEK per month

Unemployment benefits	Days per week	SEK per day	Days per week	SEK per day
Student aid	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

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5.c Capital and business income

Capital income includes interest on bank accounts, dividends, capital gains on sales of shares or a residence, income from renting out a private residence, etc.

If you or your spouse/partner receive business income, fill in the estimated annual amount.

Enclose documents to verify the information. Business income may be verified by means of a preliminary tax return, etc.

	Your income	Income of your spouse/partner
Capital income	SEK	SEK
Business income	Estimated annual amount SEK	Estimated annual amount SEK

6. Assets that you hold by yourself or jointly with your spouse/partner

Bank accounts, shares, bonds, mutual funds, etc.	Amount	SEK
Property that you are not living in	Assessment value	SEK
Car, boat, caravan or other assets	Value	SEK
Monetary claims/receivables (debts that other people have to you or your spouse/partner)	Amount	SEK

7. Expenses for travelling to and from work

Include expenses that you or your spouse/partner have for travelling to and from work on public transportation (bus, metro, etc.) or in your car. Include car expenses only if your job is at least 5 kilometres away and you save at least 2 hours a day by driving.

	Your expenses	Expenses of your spouse/partner
Public transportation	SEK per month	SEK per month
Your car	Kilometres per day SEK per month	Kilometres per day SEK per month
Workplace	Address	Address
Travel days	Number of travel days per month (average)	Number of travel days per month (average)

8. Other expenses

Include costs for medication, doctor's appointments, home help services, travel to receive health care, transportation services for people with disabilities, trustee/guardian. Enclose receipts or bills/invoices to verify the information.

Do not include food, clothing, electricity, phone, TV licence, Internet access, insurance or other ordinary costs of living. Försäkringskassan uses a standard amount for such expenses when calculating your ability to pay.

Your expenses		Expenses of your spouse/partner	
Type of expense	SEK per month	Type of expense	SEK per month
Type of expense	SEK per month	Type of expense	SEK per month
Type of expense	SEK per month	Type of expense	SEK per month
Type of expense	SEK per month	Type of expense	SEK per month
Type of expense	SEK per month	Type of expense	SEK per month
If you have expenses that exceed the high cost protection, describe the reason for this.		If your spouse/partner has expenses that exceed the high cost protection, describe the reason for this.	

9. Information about children

9.a Expenses and child support

Here you enter costs your household has for childcare, costs you pay in child support for children who are not living with you and the number of access days if you have children who are not living with you. Enclose documents that support the costs of childcare and child support.

Childcare	SEK per month
Support that you pay directly to the other parent for children who are not living with you	SEK per month
Visitation expenses. Enter the number of days a child who does not live with you is in your care	days per month

9.b Income recieved by children living with you

Here you enter benefits and any income that you or your husband/wife/cohabiting partner is receiving for children living full time or around half time with you. If you have more than four children, you can enter the information in an annex. Do not forget to sign the annex.

Name of the child	Personal ID No.	Name of the child	Personal ID No.
To what extent does the child live with you? <input type="checkbox"/> All of the time <input type="checkbox"/> About half the time		To what extent does the child live with you? <input type="checkbox"/> All of the time <input type="checkbox"/> About half the time	
Child allowance and large family supplement	SEK per month	Child allowance and large family supplement	SEK per month
Student grant, extra supplement	SEK per month	Student grant, extra supplement	SEK per month
Child support received from the other parent	SEK per month	Child support received from the other parent	SEK per month
Maintanance support	SEK per month	Maintanance support	SEK per month
Survivor's allowance/child pension	SEK per month	Survivor's allowance/child pension	SEK per month
Other income	SEK per month	Other income	SEK per month

Name of the child	Personal ID No.	Name of the child	Personal ID No.
To what extent does the child live with you? <input type="checkbox"/> All of the time <input type="checkbox"/> About half the time		To what extent does the child live with you? <input type="checkbox"/> All of the time <input type="checkbox"/> About half the time	
Child allowance and large family supplement	SEK per month	Child allowance and large family supplement	SEK per month
Student grant, extra supplement	SEK per month	Student grant, extra supplement	SEK per month
Child support received from the other parent	SEK per month	Child support received from the other parent	SEK per month
Maintenance support	SEK per month	Maintenance support	SEK per month
Survivor's allowance/child pension	SEK per month	Survivor's allowance/child pension	SEK per month
Other income	SEK per month	Other income	SEK per month

10. Other information

	<input type="checkbox"/> I have provided information in an appendix
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If you pay using autogiro (direct debit), Försäkringskassan will discontinue the direct debit. You will receive a payment form instead.

11. Signature

I hereby solemnly swear that the information that I have provided is complete and correct.

I am aware that I may be liable to pay back any incorrectly paid compensation. I know that I may be guilty of a criminal offense if I provide incomplete or incorrect information, or not notify Försäkringskassan when that information changes.

Date	Signature	Telephone
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Read more about how Försäkringskassan processes personal data at forsakringskassan.se.