

Send this form to
 Försäkringskassans inläsningscentral
 839 88 Östersund

Who can get activity compensation?

You can get activity compensation as of July in the year you turn 19 if you will not be able to work full-time for at least one year because of illness, an injury or a functional impairment. You can receive activity compensation for a maximum of three years at a time and at the longest up to the end of the month you turn 30 years of age.

1. Applicant

Name and surname	Personal ID no. (12 digits)
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2. What is the reason for your application?

You can get activity compensation at the earliest three months before applying.

I am applying for	
<input type="checkbox"/> full	<input type="checkbox"/> 3/4
<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/4
activity compensation	
As of year, month	Up to and including year, month
We need a medical certificate describing your illness, injury or functional impairment and how it affects your possibility of working.	
<input type="checkbox"/> My doctor will send in the doctor's statement	
<input type="checkbox"/> I will send in the doctor's statement through 1177 (minaintyg.se)	
<input type="checkbox"/> Försäkringskassan already has the doctor's statement	
<input type="checkbox"/> I am including a doctor's statement	

3. Scheduling of working hours

Will you be working while receiving sickness compensation?							
<input type="checkbox"/> No				<input type="checkbox"/> Yes, please fill in below			
<input type="checkbox"/> I will work regularly and indicate my schedule in the table below.							
<input type="checkbox"/> I will work irregularly or according to a rolling schedule and give a description of my schedule under other information or in an annex to my application. (Write your personal ID number on your annex.)							
State working periods in hours and minutes	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My working hours							

4. Account details

Register a bank account

The quickest and most secure way to receive payments from Försäkringskassan is to register a bank account to which you would like the money transferred. The bank account you register must be your own. If you have a Swedish e-identification, you can register a bank account through My pages (Mina sidor) on our website. If you do not have a Swedish e-identification, you can register a bank account via the application form Anmälan om konto (5605).

5. Information for tax deduction

We need to know if you have another income in order to determine who will deduct tax according to the tax table.

Will you have any other income than the potential sickness compensation, such as a salary or an occupational pension?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, fill in below	
Payer	SEK per month
Payer	SEK per month

6. Have you lived or worked in any other country apart from Sweden?

Sweden has agreements with other countries which means the compensation can sometimes be higher if you have lived or worked in another country. In that case, we need to know during which periods you lived or worked abroad and in which countries. If you need more space to provide information about countries, use the field "Other information".

<input type="checkbox"/> No			
<input type="checkbox"/> Yes, I have lived in another country	State country	from	to
<input type="checkbox"/> Yes, I have worked in another country	State country	from	to

7. Do you receive compensation, or have you applied for compensation, from a country other than Sweden?

<input type="checkbox"/> No			
<input type="checkbox"/> Yes	<input type="checkbox"/> Sickness benefit	As of (year, month, day)	Country
			from
	<input type="checkbox"/> Pension	As of (year, month, day)	Country
			from
	<input type="checkbox"/> Perpetual annuity or pension due to occupational injury	As of (year, month, day)	Country
			from
<input type="checkbox"/> I have applied for perpetual annuity or pension		date of application	Country
			from
Name and address of the paying authority			

50070208

8. State here if you want someone else to handle your contacts with Försäkringskassan

Here you can state if you want to authorise someone else to handle your contacts with Försäkringskassan. In that case, we will talk to that person in the first instance but we may also need to talk to you. That person has the right to represent you and read any decisions and other letters that Försäkringskassan sends to you.

I authorise the following person to handle all contacts with Försäkringskassan concerning my application for activity compensation on my behalf. I can revoke the authorisation at any time.

This authorisation applies until I receive the final decision about my right to activity compensation.

If I am granted activity compensation, the authorisation will also apply during the period that I receive the compensation.

Name and surname	Personal ID no. (12 digits)	Telephone
Postal address	Postal code and city	

9. Other information

Please add any information that you have not been able to fit in elsewhere in the form

10. 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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11. Complete this section if you are signing on behalf of the applicant as a trustee or administrator

Please enclose with this document a register extract showing that you have been appointed as a trustee or administrator.

I have been appointed as a <input type="checkbox"/> trustee <input type="checkbox"/> administrator	Name in BLOCK letters
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Read more about how Försäkringskassan processes personal data at forsakringskassan.se.

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Useful information when applying for activity compensation

You can apply via our website

You can apply for activity compensation at Försäkringskassan's website, forsakringskassan.se, if you have a Bank ID, a mobile Bank ID or electronic ID. Log in at *Mina sidor* (My pages), choose *Alla e-tjänster* (E-services) and open *Ansökan om aktivitetsersättning* (Application for activity compensation). When you apply via our website, you will receive confirmation straight away that we have received your application. It is easier than filling in a form and sending it in by post.

What happens after you have sent in your application?

You will receive a confirmation once we have received your application. We might need to contact you in order to assess your work capacity. We might also need to contact healthcare, Arbetsförmedlingen (the Swedish Public Employment Service) or your municipality. Even if you have authorised someone else to handle your case, your case officer may still need to meet you but in that case, you and your representative can come together to the meeting.

You may be entitled to housing supplement (*bostadstillägg*)

If you are receiving activity compensation and live in Sweden, you may also be entitled to housing supplement. In order to claim housing supplement from the same date as the start of your activity compensation, you must submit your application within one month from when you receive a decision in the matter of activity compensation. For more information and to apply, visit

Read more at forsakringskassan.se

You can read more about activity compensation at forsakringskassan.se.