Försäkringskassan
0771-524 524
www.forsakringskassan.se

Application
for activity grant, development allowance and introduction benefit

Personal ID No.

Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

This form is for individuals who are participating in an employment market programme at Arbetsförmedlingen. We need your application by the 7th to be able to pay out your benefit on the 26th that same month.

Available as e-service at My pages

1. Applicant

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

2. Which month does your application regard?

You can only choose one month per form

Year	Month					
2026	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
	☐ July	☐ August	☐ September	☐ October	☐ November	☐ December

If your application regards an earlier month than the previous one, explain why you are applying late.

3. For which days do you apply for compensation?

You apply both for days when you have participated and days when you have been absent for any of the reasons listed below. If you were absent for any other reason, then you should not apply for compensation for that day.

☐ I have participated all Mondays to Fridays of the month and apply for them. **Proceed to question 4.**

Fill in this chart **if you have not participated all Mondays to Fridays** of the month. Use the letters below.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Mark the days you have participated in your programme with **P**.

Mark the days you have been absent due to any of the following reasons:

I - illness
T - temporary care of child
M - private matter
S - temporary break in studies
J - temporary break in the job and development programme (JOB)
C - care of severely ill family member.

You can be entitled to compensation for a maximum of five days per week.

Temporary care of child
Choose this option in the following situations:

- birth or adoption of a child
- care of a sick child
- contact days for a child covered by the Act regarding Support and Service for Certain Persons with Functional Impairments (LSS)
- ordinary caregiver's illness or infectiousness
- in conjunction with the death of a child.

Temporary break in studies
Choose this option if your education provider has a break in activities between June and August.

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3.a If you have been sick

Did you report your absence to Arbetsförmedlingen on the same day that you became sick?

☐ Yes ☐ No. You can clarify why: _____

Fill in here if you have been absent due to illness for more than seven days

Did either you or your doctor submit a doctor's certificate to Arbetsförmedlingen?

☐ Yes ☐ No

3.b If you have been absent because of a private matter

Did Arbetsförmedlingen approve your absence?

☐ Yes ☐ No

3.c If you have had a temporary break in your studies

Did you report your absence to Arbetsförmedlingen?

☐ Yes ☐ No

3.d If you have had a temporary break in your JOB

Did Arbetsförmedlingen approve your absence?

☐ Yes ☐ No

4. Provide information about salary, other employment benefits and occupational pension

4.a Fill in which days you have worked and how much you have earned (SEK before tax)

When applying for compensation for a day's work, you must give details of how much you have earned that day. The same applies when you have worked in the evening or throughout the night.

You must report your earnings per day regardless of whether you are paid monthly, hourly, receive remuneration or any other forms of salary payments. Any holiday pay, unsocial working hours allowance or sick pay that you may have received must also be included.

Day	Salary per day	Hours	Minutes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Day	Salary per day	Hours	Minutes
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

Day	Salary per day	Hours	Minutes
23			
24			
25			
26			
27			
28			
29			
30			
31			

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4.b Have you received any employment benefits during the month, such as severance pay?

☐ No ☐ Yes	If yes, we will contact you for more information about your employment benefits.

4.c Have you received occupational pension from Sweden or another country during the month?

☐ No ☐ Yes Total amount before tax in SEK _____

Information from Arbetsförmedlingen and the unemployment insurance fund
Arbetsförmedlingen provides information to Försäkringskassan that we use to assess your right to compensation and calculate the size of the compensation.

If Arbetsförmedlingen notifies us that you are not entitled to compensation for a certain amount of days, Försäkringskassan will use that information when assessing your compensation for this month.

If you are entitled to activity grant, Försäkringskassan also receives information from your unemployment insurance fund that we use to calculate what amount should be paid as activity grant.

Försäkringskassan always uses the latest information from Arbetsförmedlingen and your unemployment insurance fund.

5. 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 (yr, mon, day)	Signature	Telephone
20		

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

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If you wish to register an account number with Försäkringskassan you can do this at Mina sidor or on the form *Anmälan om konto* (5605).

You can only register one account in your name.

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