Försäkringskassan
0771-524 524
www.forsakringskassan.se

Application
for a certificate of entitlement to medical care

Personal ID no.

Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

This form is for you who receives a pension or income from an EU / EEA country, Switzerland or Great Britain but lives in another. Försäkringskassan assesses which certificate(s) you need based on your answers.

If you complete the form by hand, write your personal identity number in the top right corner as well. If you do not have a Swedish personal identity number or coordination number, please submit a copy of your passport.

1. Applicant

First name(s) and last name	Personal ID no. / coordination number (12 digits)

2. Check all that apply

- ☐ I am employed
- ☐ I am self-employed
- ☐ I receive a general old-age pension
- ☐ I receive compensation, for example sickness and activity compensation, parental benefits, or unemployment benefits
- ☐ I study or conduct research abroad, but live in Sweden
- ☐ I cannot be registered in Sweden even though I live or work here
- ☐ I am applying as a family member

3. From which date shall the certificate be valid? (This may be the day you started working, moved, or received care)

Date:

4. Residence

What address do you live at?

Do you have a residence in another country as well?

☐ No ☐ Yes, country: _____

At what address does your family or relatives live?

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5. Work

☐ I am posted by a Swedish employer	☐ I am working in Sweden for a Swedish employer
☐ I am working for a foreign employer in country: _____	☐ I have my own business, registered in country: _____
☐ I do not work at all	

5.a Information about the employer if you are employed

Name of the company	Contact person
Contact information	

6. Complete this section if you receive a pension or sickness / activity compensation

☐ I only receive a pension* from the Swedish Pensions Agency
☐ I only receive sickness or activity compensation from Försäkringskassan
☐ I receive a pension from several countries. Specify which countries: _____
☐ I do not receive a pension from any other country than Sweden

*Note: Swedish occupational pension does not qualify you for a certificate.

7. Complete this section if you are applying as a family member and do not have your own income or pension

☐ My spouse/partner receives a Swedish income or pension*. I am applying for a certificate as co-insured. My spouse/partner has the following personal identity number:

*Note: Swedish occupational pension does not qualify you for a certificate.

8. Complete this section if you are a student or pursuing a post-graduate education

☐ I am enrolled in an education programme eligible for student aid according to Swedish Board of Student Finance (CSN).
☐ I receive a doctoral study grant

9. Other information

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10. Appendices

We require the following appendices to process your application:

- If you work in Sweden or another Nordic country: employment contract and your latest payslip
- If you are self-employed: F-tax card and latest VAT return
- If you receive a pension from another Nordic country: latest pension payment
- If you are a student: admission decision from the school
- If you do not receive student aid: documents proving that the education programme is eligible for student aid
- If you are a doctoral student: documents proving that you are entitled to a doctoral grant
- If you live in Sweden and cannot be registered in the Swedish Population Register: passport copy showing that you are a citizen of an EU / EEA country, Switzerland or Great Britain and documents proving that you cannot be registered
- If you do not have a Swedish personal identity number or coordination number: passport copy

11. Your authorised representative

I authorise the person named below to represent me in communications with Försäkringskassan in this matter. I can revoke the power of attorney at any time.

Försäkringskassan will only communicate with your authorised representative. This person will also receive all letters that we send in this case.

First name(s) and last name		Personal ID no. (12 digits)
Postal address	Postal code and city	
Telephone, daytime	Telephone, evening	

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12. 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

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

We speak more languages than Swedish!
For contact in English, call 0771-524 524.

For contact in other languages, schedule a telephone call via our website:
www.forsakringskassan.se/bokasamtal

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