

Send this form to  
 Försäkringskassans inläsningscentral  
 839 88 Östersund

**Who can get activity allowance?**

You can get activity allowance 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.

You can apply at [forsakringskassan.se](http://forsakringskassan.se) if you have a mobile Bank ID or an electronic ID.

**1. Applicant**

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

**2. What is the reason for your application?**

|   |                                 |                              |
|---|---------------------------------|------------------------------|
| I am applying for   |                                 |                              |
| <input type="checkbox"/> 1/4  | <input type="checkbox"/> 1/2    | <input type="checkbox"/> 3/4 |
| <input type="checkbox"/> full   | 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. You must send that to us if Försäkringskassan does not already have it |                                 |                              |
| <input type="checkbox"/> I enclose a medical certificate  |                                 |                              |
| <input type="checkbox"/> The doctor's certificate has already been submitted to Försäkringskassan   |                                 |                              |
| <input type="checkbox"/> I have requested a doctor's certificate from _____ and will submit it later on _____ (name of physician)   |                                 |                              |

**3. Account details**

Please give details of the account to which you would like the Swedish Social Insurance Agency to make payments. You may only give details of one account registered in your name. If you would like your payments to be made to another person's account then you must fill in the form *Power of Attorney - Payment to another person* (5606).

|  |                 |                |
|--|-----------------|----------------|
| <input type="checkbox"/> Bank account  | Clearing number | Account number |
| <input type="checkbox"/> Current account with Nordea where the account number is the same as your social security number |                 |                |

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

|  |   |                     |
|--|---|---------------------|
| <input type="checkbox"/> No                                    | Sweden has agreements with other countries which means the allowance 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. You can provide this information on this form under "Other information" or in an attachment. Otherwise, your case officer will ask you about this later. |                     |
| <input type="checkbox"/> Yes, I have lived in another country  |   | State which country |
| <input type="checkbox"/> Yes, I have worked in another country |   | State which country |

### 5. 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.

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.

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

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

|                  |                             |                                |
|------------------|-----------------------------|--------------------------------|
| Name and surname | Personal ID no. (12 digits) | Telephone, including area code |
| Postal address   | Postal code and city        |                                |

### 6. Other information

Here, you can state if you have lived or worked abroad. You can also provide other information that you could not fit in anywhere else on the form.

### 7. Signature

I solemnly declare that the information provided in this form is correct and complete. Should this information change, I am obliged to inform Försäkringskassan. I am aware that it is a punishable offense to provide false information, omit information or to not notify Försäkringskassan if any of the information I have provided should change.

|      |           |                                |
|------|-----------|--------------------------------|
| Date | Signature | Telephone, including area code |
|------|-----------|--------------------------------|

### 8. 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<br><input type="checkbox"/> trustee <input type="checkbox"/> administrator | Name in BLOCK letters |
|---|-----------------------|

The information provided above is held in the database of the Swedish Social Insurance Agency. Read more about it in the brochure "The Swedish Social Insurance Agency's Personal Data Register".

## Useful information when applying for activity allowance

### Do you know that you can apply via our website?

You can apply for activity allowance at Försäkringskassan's website [forsakringskassan.se](http://forsakringskassan.se) if you have a Bank ID, a mobile Bank ID or electronic ID. Log in at *Mina sidor (My pages)*, choose *E-tjänster (E-services)* and open *Ansökan om aktivitetsersättning (Application for activity allowance)*. 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.

### You can get help and answers to your questions

When you open your application, you will see a blue tab on the right which says *Har du frågor? (Any questions?)* There, you can chat to a case officer, you can look at your application together with a case officer, and if you want, you can talk to each other. If you have a web camera, you can also see each other.

### You will be given a personal case officer

When we have received your application, you will be given a personal case officer. He or she will contact you within a week. You will then be told if any other document or information is needed. You and your case officer will also agree on a time when you can meet and go through your application together. In some cases, that can be done over the telephone. 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.

### Read more at [forsakringskassan.se](http://forsakringskassan.se)

You can read more about activity allowance at [forsakringskassan.se](http://forsakringskassan.se).