

Send this form to  
 Försäkringskassans inläsningscentral  
 839 88 Östersund

**1. Applicant**

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

**2. Application refers to**

I am applying for		Sickness compensation	As of year, month
<input type="checkbox"/> 1/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 3/4	<input type="checkbox"/> full

**3. Describe why you are unable to work**

		Give a brief description of why you are unable to work. We need this information to prepare your case.
<input type="checkbox"/> I am providing information in an appendix	<input type="checkbox"/> I wish to give this information verbally to Försäkringskassan	
<input type="checkbox"/> I have attached a doctor's 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 send it at a later date (name of physician)		We need a doctor's certificate to consider your application.

**4. Information about living conditions**

Have you always lived in Sweden (as a registered resident)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No. Please specify where you have lived		
Country	As of (year, month, day)	Until (year, month, day)
Country	As of (year, month, day)	Until (year, month, day)
Country	As of (year, month, day)	Until (year, month, day)
Country	As of (year, month, day)	Until (year, month, day)

**5. Employment details**

<input type="checkbox"/> I am an employee	<input type="checkbox"/> I am a contractor	<input type="checkbox"/> I am self-employed	Are you unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your employer, principal or company			
Have you claimed unemployment benefit in the past four months? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**6. Have you worked in a country other than Sweden?**

<input type="checkbox"/> No			
<input type="checkbox"/> Yes, I have worked in	Country	As of (year, month, day)	Until (year, month, day)
	Country	As of (year, month, day)	Until (year, month, day)

**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			

**8. Information for tax deduction**

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	We need to know if you have any other income in order to determine who is entitled to deduct tax according to tax tables.
Payer	SEK per month
Payer	SEK per month

**9. Account details****Register account for disbursements**

If you have not already notified us of an account for your disbursements from Försäkringskassan, you can do so using My Pages [Mina sidor] or by filling out the form *Anmälan om konto* (5605). You must register an account that belongs to you. If you would like your disbursements to be made into someone else's account instead, you must fill out the form *Fullmakt - Utbetalning till en annan person* (5606).

**10. Would you like for someone else to liaise with the Swedish Social Insurance Agency on your behalf?**

Complete this section if you want to grant another person power of attorney to handle all matters on your behalf. The person you appoint will receive correspondence and get access to all documentation relating to your case. The Swedish Social Insurance Agency will primarily communicate with the person to whom you grant power of attorney but we may still need to contact you from time to time.

I grant the following person power of attorney to liaise with the Swedish Social Insurance Agency and handle all matters concerning my application for sickness compensation. The power of attorney is valid until a final decision is rendered in this matter. The power of attorney can be revoked at any time.

Name of the person granted power of attorney		Personal ID no. (12 digits)
Postal address	Postcode and location	
Telephone, daytime, including	Telephone, evening, including area code	

**11. Additional information** (optional)

	<input type="checkbox"/> Additional information provided separately
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**12. 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.		Telephone, daytime, including area code
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.		Telephone, evening, including area code
Date	Signature	

**13. 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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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".

**What happens after you have sent in your application?**

Once we are in receipt of your application, you will be contacted by one of our administrators. You will then together go through your application and you will be advised of how long you can expect to wait for a decision in the matter.

**You may be entitled to housing supplement**

If you are receiving sickness 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 sickness compensation, you must submit your application within one month from when you receive a decision in the matter of sickness compensation. For more information and to download the relevant application form, visit [www.forsakringskassan.se](http://www.forsakringskassan.se).