



Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

Who can receive sickness compensation?

If you are between 19 and 29 years of age

Beginning from the July you turn 19, you can receive full sickness compensation if it is likely that you will never be able to work due to illness, injury or disability.

If you are at least 30 years of age

You can receive sickness compensation if your work capacity is reduced in whole or in part due to illness, injury or disability, and it is likely that you will never be able to work full-time.

Apply online!

You can submit your application via forsakringskassan.se if you have a mobile BankID or an electronic ID.

1. Applicant

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

2. Fill in here if you are between the ages or 19 and 29

<input type="checkbox"/> I am applying for full sickness compensation	from month and year
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3. Fill in here if you are at least 30 years of age

I am applying for	Sickness compensation	As of year, month
<input type="checkbox"/> one-fourth <input type="checkbox"/> one-half <input type="checkbox"/> three-fourths <input type="checkbox"/> full		

4. Do you have a doctor's statement?

You need a doctor's statement that describes your illness, injury or disability and how it affects your ability to work. If it has not already been submitted to Försäkringskassan, you must send it to us.

<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)

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	

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FK 3030an (013 F 001) Fastställt av Försäkringskassan

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

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

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?	We need to know if you have any other income in order to determine who is entitled to deduct tax according to tax tables.
<input type="checkbox"/> No <input type="checkbox"/> Yes, fill in below	
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

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.

Additional information provided separately

12. Signature

I declare upon my honour that the information in this form is correct and complete. If the information changes, I must notify Försäkringskassan.

I am aware that it is an offence to provide incorrect information, to withhold any information or not notify Försäkringskassan if the information I have provided changes.

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

Useful information when applying for sickness compensation

You can apply via our website

You can apply for sickness 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 sjukersättning* (Application for sickness 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 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 apply, visit www.forsakringskassan.se.

Read more at forsakringskassan.se

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