



Send this form to

Försäkringskassans inläsningscentral

839 88 Östersund

Use this form to apply for supplementary introduction benefit, or to report changes. If you are married or live-in partners you apply together.

To be entitled to supplementary introduction benefit, you must

- participate in an introduction programme
- have custody of children who live and are registered at your address. The children must be under age of 20 and not be self-sufficient.

1. Applicant

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

1.a Select payee

Pay the money to <input type="checkbox"/> Applicant A <input type="checkbox"/> Applicant B	If you do not select a payee, it will be applicant A.
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2. What are you applying for?

<input type="checkbox"/> I/we apply for supplementary introduction benefit.	
<input type="checkbox"/> I or we already have supplementary introduction benefit and want to report changes ¹ as from (date)	What has changed? (voluntary)

2.a Possible explanation for late application

As a rule, you can get introduction benefit at the earliest for the month before applying. To get money for previous months you must have special reasons. In that case, explain why you have not been able to apply before.

Explain why you could not apply earlier

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3. Information about the children that you apply for

If you already have introduction benefit and want to apply for another child, please fill in information for all children again.

First name	Last name	Personal ID No. (12 digits)
First name	Last name	Personal ID No. (12 digits)
First name	Last name	Personal ID No. (12 digits)
First name	Last name	Personal ID No. (12 digits)
First name	Last name	Personal ID No. (12 digits)
First name	Last name	Personal ID No. (12 digits)

3.a Do all children that you apply for live with you, at your address?

Yes, all children live with me/us.

No. Explain where the children live:

4. 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 applicant A	Telephone
Date (yr, mon, day)	Signature applicant B	Telephone

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

Account for payments

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. If you want your payments to be paid to someone else's account you should instead fill out the form *Fullmakt - Utbetalning till en annan person* (5606).

Report changes

The supplementary introduction benefit is calculated on the information you provide in your application. We will recalculate your benefit if something changes, for example if you end your programme earlier than planned, if a child moves away from home or if a child starts working. When you contact us, please say that you participate in the establishment programme.