

Send this form to  
 Försäkringskassans inläsningscentral  
 839 88 Östersund

Please fill in this form so that Försäkringskassan (the Swedish Social Insurance Agency) can determine whether you are covered by Swedish social insurance. You need to be covered by Swedish social insurance in order to receive compensation, a certificate or an EHIC (European Health Insurance Card).

You can also submit your information through Mina sidor at [forsakringskassan.se](http://forsakringskassan.se). In order to log in, you need an electronic identification (e-legitimation). If you submit your information through Mina sidor you should not send in this form.

### 1. Information about you

First name(s) and last name		Swedish personal ID. or coordination no.
Postal address	Postal code and city	
Country	Telephone	
I state the country		
I am a citizen of		

### Information about your residence situation

#### 2. Have you moved to Sweden?

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.		
I date (year, month, day)		
I came to Sweden on		
I will live in Sweden		I date (year, month, day)
<input type="checkbox"/> in the long term	<input type="checkbox"/> until	
In Sweden, I live		
<input type="checkbox"/> in an apartment/house that I rent	<input type="checkbox"/> in an apartment/house that I own	<input type="checkbox"/> as a lodger
<input type="checkbox"/> in other accommodation: _____		
Before I moved to Sweden I lived in (state the country)		
Address in the country I lived in		
Social security number in the country where I lived (PESEL if you lived in Poland)		

**2.a Will you be staying in another country during the time you live in Sweden?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Fill in below.
State the country in question, as well as how often and for how long you will be staying there.	

**2.b Do you have a residence in another country than Sweden?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Fill in below.	
I state the country		
I have a residence in		
In the other country, I live		
<input type="checkbox"/> in an apartment/house that I rent	<input type="checkbox"/> in an apartment/house that I own	<input type="checkbox"/> as a lodger
<input type="checkbox"/> in other accommodation: _____		

**Information about your occupation and compensation/salary****3. Did you come to Sweden to study?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Fill in below.	
I date (year, month, day)		
I am going to study in Sweden from		
I receive		
<input type="checkbox"/> student aid or a scholarship	<input type="checkbox"/> Swedish doctoral study grant	<input type="checkbox"/> other: _____
I state the country		
I receive compensation from		

**4. Are you working or will you work in Sweden?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes. Fill in below.
My first day of work in Sweden _____ date (year, month, day)	
<input type="checkbox"/> I am employed	
<input type="checkbox"/> I have been posted to Sweden	
<input type="checkbox"/> by a state employer	
<input type="checkbox"/> by a private employer	
<input type="checkbox"/> I am self-employed	

**4.a. Information about your employer**

Name of the company	Company registration number (10 digits)
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**5. Are you looking for work in Sweden?**

<input type="checkbox"/> No	<input type="checkbox"/> Yes, I am looking for work in Sweden from _____ (year, month, day)
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**6. Do you work or have you worked in a country other than Sweden?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
I work in _____   state the country	
I have worked in _____   state the country	My last day of work was _____   date (year, month, day)

**7. Do you receive or have you received compensation from any other country within the EU/EEA or from Switzerland since you came to or started working in Sweden?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
Type of compensation <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment benefit <input type="checkbox"/> Parental benefit <input type="checkbox"/> Sickness benefit <input type="checkbox"/> Other compensation _____	
From, date _____	until, date _____

**Information about your family**

**8. Fill in this part if you are married, divorced, widowed, or live with a partner**

<input type="checkbox"/> Married <input type="checkbox"/> Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
First name and last name (spouse or partner)	Swedish personal ID no. or date of birth
Address	
Telephone number	
<input type="checkbox"/> Lives in Sweden from _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   state the country
<input type="checkbox"/> Works in Sweden <input type="checkbox"/> Works in _____   state the country	
<input type="checkbox"/> Studies in Sweden <input type="checkbox"/> Studies in _____   state the country	

**9. Do you have children?**

<input type="checkbox"/> No <input type="checkbox"/> Yes. Fill in below.	
Child's first name(s) and last name(s)	Swedish personal ID no. or date of birth
<input type="checkbox"/> Lives in Sweden from _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   state the country
Child's first name(s) and last name(s)	Swedish personal ID no. or date of birth
<input type="checkbox"/> Lives in Sweden from _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   state the country
Child's first name(s) and last name(s)	Swedish personal ID no. or date of birth
<input type="checkbox"/> Lives in Sweden from _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   state the country
Child's first name(s) and last name(s)	Swedish personal ID no. or date of birth
<input type="checkbox"/> Lives in Sweden from _____   date (year, month, day)	<input type="checkbox"/> Lives in _____   state the country

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**10. Other information**

Write here if you wish to apply for an EHIC. Here you can also continue from part 9, if you have more than four children.

**We require certain documents to confirm your information**

Check here whether you need to provide further documents with this form in order to be able to receive compensation, a certificate, or an EHIC from Försäkringskassan.

If you ...	you need to provide ...
are employed, or work in your own public limited company	a certificate of employment or an employment contract stating when you started to work, in which country the work takes place and how much you work (full-time, part-time or paid by the hour).
are self-employed	<ul style="list-style-type: none"> <li>the company registration certificate</li> <li>documentation from the Swedish Tax Agency showing that your company has been approved for F-tax (company taxation), or equivalent documentation from the country where your company is registered</li> <li>documents that state when you started working in your company.</li> </ul>
have lived or worked in another EU country	one of the following: <ul style="list-style-type: none"> <li>a certificate showing that you are still covered by the social insurance in that EU country</li> <li>a certificate showing that you are no longer covered by that country's social insurance.</li> </ul>
have a residence permit or a work permit	the most recent residence or work permit.
receive a pension from an EU/EEA country or Switzerland	an S1 or an E121 certificate.
receive a Swedish doctoral study grant	your Swedish doctoral study grant certification.

If you have been posted to Sweden from ...	you only need to provide ...
an EU/EEA country or Switzerland	certificate A1.
a country with which Sweden has an agreement on social security	a certificate of coverage.
a country outside the EU/EEA or Switzerland or a country with which Sweden does not have an agreement on social security	a certificate of employment or an employment contract stating that you are posted

**11. Signature** If you are under 18, your guardian needs to sign the form.

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
Your name in block capitals, if you are signing as a guardian	

Read more about how Försäkringskassan processes personal data at [forsakringskassan.se](https://forsakringskassan.se).

**Information for those who need a residence permit or work permit**

If you are a citizen of a country outside the EU/EEA and want to settle in Sweden, you need a residence permit. If you want to work in Sweden, in most cases you need a work permit. If you do not have a permit, you can contact Migrationsverket (the Swedish Migration Board).

You who have a residence permit or work permit must send a copy of it to Försäkringskassan. If you do not, Försäkringskassan will contact Migrationsverket to obtain the information. The information from Migrationsverket will then form the basis of Försäkringskassan's decision. Since you have already received this information from Migrationsverket, Försäkringskassan will not send it to you before the decision is made.

If you believe that Migrationsverket's information about your work permit or residence permit is incorrect, you should contact them.