



Send this form to
Försäkringskassans inläsningscentral
839 88 Östersund

**Who can receive sickness compensation?
If you are between 19 and 29 years of age**

You can receive full sickness compensation from July in the year you become 19 if you will not, within a foreseeable period of time, be able to work in any job on the labour market due to illness, injury or disability.

If you are at least 30 years of age

You can receive sickness compensation if your ability to work is reduced in whole or in part due to illness, injury or disability and you will not be able to work full-time in any job on the labour market within a foreseeable period of time.

If you are close to 60 years of age

If you have at most five years left until the general retirement age and, during the previous fifteen-year period, can show work experience that is normal on the labour market, you are covered by what is termed the elderly regulations. You can then receive sickness compensation if your ability to work is reduced in whole or in part due to illness, injury or disability and you will not be able to work full-time in the foreseeable future in your previous professional area or in another suitable job available to you.

1. Applicant

Name and surname	Personal ID no. (12 digits)
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2. What is the reason for your application?

You can get sickness compensation at the earliest three months before applying.

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

<input type="checkbox"/> I am applying for full sickness compensation	from month and year
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2.b Fill in here if you are 30 or older

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		

3. 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.

My doctor will send in the doctor's statement

I will send in the doctor's statement through 1177 (minaintyg.se)

Försäkringskassan already has the doctor's statement

I am including a doctor's statement

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FK 3030en (018 F 002) Fastställt av Försäkringskassan

4. Employment details

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

5. Scheduling of working hours

Will you be working while receiving sickness compensation? <input type="checkbox"/> No <input type="checkbox"/> Yes, please fill in below							
<input type="checkbox"/> I will work regularly and indicate my schedule in the table below.							
<input type="checkbox"/> I will work irregularly or according to a rolling schedule and give a description of my schedule under other information or in an annex to my application. (Write your personal ID number on your annex.)							
State working periods in hours and minutes	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
My working hours							

6. If you are close to 60 years of age you must fill in data on the work areas in which you have experience

If there is not enough room for all jobs or periods write them in under "Additional Information".

Have you worked during the last 15-year period? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please list the jobs you have had and the years you worked in these jobs	
Job		From-to, month and year	
Job		From-to, month and year	
Job		From-to, month and year	
Job		From-to, month and year	
Job		From-to, month and year	
Job		From-to, month and year	

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

Sweden has agreements with other countries which means the compensation 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. If you need more space to provide information about countries, use the field "Additional information".

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

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8. 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			

9. Information for tax deduction

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

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
Payer	SEK per month
Payer	SEK per month

10. Account details**Register a bank account**

The quickest and most secure way to receive payments from Försäkringskassan is to register a bank account to which you would like the money transferred. The bank account you register must be your own. If you have a Swedish e-identification, you can register a bank account through My pages (Mina sidor) on our website. If you do not have a Swedish e-identification, you can register a bank account via the application form Anmälan om konto (5605).

11. 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	Telephone, evening

12. Additional information

Please add any information that you have not been able to fit in elsewhere in the form

13. 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	Signature	Telephone

14. 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

Read more at forsakringskassan.se

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